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# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CEDTIEICATE OF DEATH

			CERTIF	CAI	OF DEA	111		Reg. Dist.	No.	
1. PLACE OF DEATH o. COUNTY ALLE	GANY ,	pt 8	MARYLA	ND	USUAL RESIDENCE (  STATE  MARY		d lived. If institution b. COUNTY	an: Residence		
RURAL and give no	W   N   1   1   1   1   1   1   1   1   1	ls, write	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (	If outside corpo		URAL and give	neorest tawn)	
d. NAME OF HOSPIT OR INSTITUTION	MEMORIAL		oddress)	1	d. STREET ADDRESS	STLE HI			e. IS RESIDEN ON A FAR YES NO	RM?
3. NAME OF	Fi		Middle		Losi	4. DATE		a		
(Type or print)	DA	NIEL			ASKEY	OF DEATH	JANU	ARY	Doy Year	58.
5. SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED	□ B. D.	ATE OF BIRTH		9. AGE (In years lost birthday)	Months Do	EAR IF UNDER 24	HRS.
MALE	WHITE	WIDOW	Tribut		ANUARY 3,	1883	15 yrs.	I I I	75 110013	nun,
during most of war	ON (Give kind of work king life, even if retired	done 10b	. KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (SH		country)		S. A.	JNTRY
13. FATHER'S NAME				14	. MOTHER'S MAIDE	NAME				
JOHN ASK	EY				HARRIET '	YOST				
15. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFO	MANT		Add	ress		
				ME	MORIAL HOS	SPITAL	- CUMBE	ERLAND,	MD.	
Canditions, if a gave rise to i couse (a), storing lying cause last.	mmediate the under-	)	ARCINOMI				METASTI		3 7/8 :	
W Y	O CARDII		CONTRIBUTING TO DEATH	S	KETATED TO THE TEL	(	SE CONDITION GIV	EN IN PART I	PERFORME	D?
	AS UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE:	SCRIBE HOW INJURY OCC	URRED. (E	nter nature of injury	in Part 1 or Pa	rt II of item 18.)			
ZOc. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Ye	While			OF INJURY (Home, to street, office bidg.,		y ar tawn)	(Cau	nty) (S	Stole)
21. I certify the alive an Actual SIGNATURE PHYSICIAN'S NAME (Type)	at I attended the	decea , 19	10	M.D.	. 19.57, to curred at 9:23 50PERS	2P_M, fra	T CUA	nd on the	dote stated a	abov
220. BURIAL, CREMATIC REMOVAL (Specify) BURIAL			22c. NAME OF CEMETE	_	_		TION (City, lawn, o		(Stote)	
23, FUNERAL DIRECTOR		76	Memorial	. Par		C'D BY REGIS	IRAR 245 REGIS	STRAR'S SIGN	ATURE	
	ichhern	L	onaconing,	Md		JAN 2 2		1	1	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page and be detached for use as the burial-transit permit. Then please remove carbon papers. Page and 2 should be fifted with the regular prior to burial, crematian, or remayal, and in any event within 72 hours after death.

TOTAL TALLERS BUREAU V. 2 et sa nal BECEINE . I the the market and

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL SYAMINED'S CEDTISICATE OF DEATH

First PEAP ot RACE 7. MARRI WIDOWE work done 10b. stired) OW) TIS ED FORCES? 16. DBY: USE (c)	Middle  E.  IED NEVER MARRIED I  ED S DIVORCED I  KIND OF BUSINESS OR INDUST  NOME  For (g), (b), and (c).	d. STREET ADDRESS / 608 Vir Logi Atherton  B. DATE OF BIRTH May 16-1902 TRY 11. BIRTHPLACE (STOTE Cumberla 14. MOTHER'S MAIDEN I Ella Mae INFORMANT CEMOTIAL Hos	or foreign country) and Md.  NAME Valintir  spital re	Month Jan (In years (Inday) yrs.	FUNDER TYEAN Months Days  12. CITIZEN C	e. IS RESIGNED IN A F YES 1 19 19 19 19 19 19 19 19 19 19 19 19 1
First PEAP ot RACE 7. MARRI WIDOWE work done 10b. stired) OW  TIS ED FORCES? 16. Decrease per line Decrease per line Decrease (c) USE (c)  USE (c)	Middle  E.  IED   NEVER MARRIED   IED   NEVER MARRIED   IED   NEVER MARRIED   IED	Atherton  B. DATE OF BIRTH  May 16-1902  TRY 11. BIRTHPLACE (STOTE  Cumberla  14. MOTHER'S MAIDEN H  Ella Mae  INFORMANT  Emorial Hos	4. DAYE OF DEATH  9. AGE 1001 bir 555  or foreign country) and Md. NAME Valintir spital re	Month Jan (In years (Indon) yes.	IF UNDER TYEAL Months Days  12. CITIZEN C U . S .	Year 19 19 19 19 19 19 19 19 19 19 19 19 19
PED FORCES?  TED FORCES?  The course per line  DBY:  USE (e)  UE TO  C1	E.  IED NEVER MARRIED SED SED IN DIVORCED SED SEDIMENTS OR INDUSTRIBUTION SEDIMENTS OF	Atherton  8. DATE OF BIRTH  May 16-1902  TRY 11. BIRTHPLACE (SIGNAL  Cumberla  14. MOTHER'S MAIDEN R  Ella Mae  INFORMANT  Emorial Hos	PAGE 19. AGE 2 9. AGE 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	Jan (In years (Indey) yrs.	IF UNDER TYEAL Months Days  12. CITIZEN C U . S .	P 19 R IF UNDER 2 Hours M DF WHAT CO
work done 10b.  Lired)  DW1  LS  ED FORCES? 16.  DB1 CO  USE (a)  UE TO  C1	ED S DIVORCED 1  KIND OF BUSINESS OR INDUST  THOME  SOCIAL SECURITY NO. 17. IT.  None M.  Tor (a), (b), and (c). 1	May 16-1902 TRY II. BIRTHPLACE (SIGNAL Cumberla TA MOTHER'S MAIDEN II Ella Mae INFORMANT CEMORIAL Hos	2 55 or foreign country) and Md. NAME Valintin	yrs.	Months Doys  12. CITIZEN C  U . S .	Hours M DF WHAT CO
ED FORCES? 16.  ED FORCES? 16.  The cause per line  USE (e)  UE TO  C)	nhome  social security No. 17. I  None  for (a), (b), and (c). ]  ongestive her	Cumberla  M. MOTHER'S MAIDEN IN Ella Mae  Ella Mae  Enformant  emorial Hos  art foilure	and Md.  NAME Valintin  Spital re	Address PCOP d	U.S.	A .
ED FORCES?  dotes of service)  me cause per line  D BY:  USE (e)  UE TO  C)	None More More to the source of the source o	Ella Mae NFORMANY emorial Hos art failure	Valintin	Address	INT	SET AND DEATH
me cause per line  BBY: USE (a)  UE TO	None More More to the source of the source o	emorial Hos art foilure		ecord	INT	SET AND DEATH
USE (e) CO	ongestive her		9	abo	, ON	SET AND DEATH
Cl	aronic myoca					-
UE TO	it office by ook.	rditis				?
CONDITIONS CO	ONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERM	INAL DISEASE CONDI	TION GIVE	N IN PART I(a)	19. WAS AUT PERFORMI YES N
20b. DESCRIB	E HOW INJURY OCCURRED. (I	Enter noture of injury in Par	I For Part () of item )	18.)		
While	le Not white fact	CE OF INJURY (Home, form lary, street, office bldg., etc.	20f. (City or town)	)	(County)	(5
				-	Inquiry 3	
	ig MA	ASSISTANT MEDIC	AL EXAMINER	an. 3	-1958	DATE SIGN
HEREOF		CREMATORY	22d. LOCATION (Cit	ly, lawn, or	county)	(State)
	19 White of the manage of the	while at work of twork of focular work of twork of twork of two work of two wo	While of work of work foctory, street, office bldg., etc.  narge of the remains described above, held an Autops m: Natural causes . Accident . Suicide .  Assistant medical etc.  ASSISTANT MEDICAL ETC.  ASSISTANT MEDICAL ETC.  THEREOF	While at work of work of colory, street, office bldg., etc.)  narge of the remains described above, held an Autopsy , Inspection:  Natural causes , Accident , Suicide , Homicide ,  Accident , Suicide , Homicide ,  Assistant medical examiner   Deputy medical examiner   Deputy medical examiner   Thereof	While of work of work of cotory, street, office bldg., etc.)  narge of the remains described above, held an Autopsy , Inspection .  m: Natural causes , Accident , Suicide , Homicide , Undetersory , Accident , Accident , Suicide , Homicide , Undetersory , Accident , Acci	while of work of work of cotory, street, office bldg etc.]  narge of the remains described above, held an Autopsy Inspection Inquiry  m: Natural causes Accident Suicide, Homicide Undetermined mann  Accident Suicide, Homicide Undetermined mann  Assistant medical examiner  Deputy medical examiner Jan. 3-1958  THEREOF Davis Semartal Cumberland Md.

None

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			3	CERTI	FICA	ATE OF D	EATH			Res	g. Dist. N		VUU
1.	PLACE OF DEATH  o. COUNTY  ALI	LEGANY		MARY	AND	2. USUAL RESIDE	ARYLAN		lived. If inst	NTY	LEGA		ission)
1	b. CITY OR TOWN (If		ts, write	c. LENGTH OF STAY	N 1b	c. CITY OR T	OWN (If ou	itside corporo	te limits, wri	te RURAL	and give r	egrest to	wn)
_	CUMBERLAN	ND .		45 DAYS		CUMBERLAND							
	d. NAME OF HOSPITA	AL (If not in hospital, ç	ive street	oddress)		d. STREET A						ON	A FARM?
	SACRED HI					4	O3 CAF	ROLINE	ST.			YES	] NO []
	NAME OF DECEASED (Type or print)	JAMES	**	Middle		BAKER		4. DATE OF DEATH	J	Month  AN e	14	Эоу	19 58
5.	SEX	6. COLOR OR RACE	7. MARE	HELL NEVER MARRIE		B. DATE OF BIRTH	_		AGE (In you				DER 24 HRS.
	MALE	WHITE	WIDOWI				1899		, -	yrs.			
1	Ouring most of work	N (Give kind of work ing life, even if retired	)	RATLROAD	RINDUS	PEN	NA.	Fair		1	USA		T COUNTRY?
13.	FATHER'S NAME	-				14. MOTHER'S							
15	WILLIAM		cesa lu	SOCIAL SECURITY NO.	117 60	NFORMANT	H	ELEN M	ARTZ	Address			
IA.	i no, or unknown) [	If yes, give wer or dates of i		SOCIAL SECORITY NO.	125.11		me arr	A TOM!		Vocas			
	NO NO	D4 (Saturanly one se	l l	ne for (a), (b), and (c).		PATIEN	19 CH	ARI			LIN	TEDVAL	BETWEEN
		H WAS CAUSED BY:	1	1 FOATO-	-12	FNAI	FA	1600					D DEATH
	5841	IMMEDIATE CAUSE (d		(4)	ANI	NEC'S	+ 41	75)	\ &-			200	say 1
	Conditions, if on	u sakish V	0	IRRHOS	15	OF 7	HE	LIVE	ER			450	Como :
	gove rise to in	mediate (	/										-
	lying cause last.	he under-	U	RETHRA	4	STRICT	URE	*	-	*	4	inch	reacon
CATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DEA	TH BUT	NOT RELATED TO	THE TERMIN	VAL DISEASE	CONDITION	GIVEN I	N PART 1(o)	PERF	S AUTOPSY FORMED?
CERTIFIC	200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OF	CURREC	D. (Enter nature o	f injury in Po	art t or Port 1	It of item 18	)		1	
MEDICAL	20c. TIME OF INJURY Hour a.m. p. m.	Month, Doy, Ye	While	NJURY OCCURRED Not while	20e. PL/ foc	ACE OF INJURY (i story, street, office	Hame, form, bldg., etc.)	20f. (City o	or lown)		(Count	y)	(State)
	21. I certify the	at I attended the	deceas	ed from / D	EC	195	7. ta /	4 54	N. 19	55 the	at I lost	saw th	e deceased
	alive on	14 JAN	19		death	accurred at							
	1	12		,				ADDRESS (Stre				4	DATE SIGNED
	ACTUAL SIGNATURE	certers	MLA	en		M.D					15	bour	1950
	PHYSICIAN'S NAME (Type)	S.G. WEISM	AN. M	.D.		59 GR	EENE	ST., C	UNIBER	LAND,	MD.		
220	BURIAL, CREMATION	N, 225. DATE THERES	)F	22c. NAME OF CEME	TERY O	R CREMATORY		22d. LOCATIO	ON (City, to	WN, OF CO	inty)	(St	ole)
_	Daves	Jan. 17, 1	958	Hillcrest	Bur	rial Par			erlan				
23.	FUNERAL DIRECTOR'S			ADDRESS			24a. REC'D	BY REGISTR	AR 246	REGISTRAI	S SIGNAT	URE	
	John J.	Hafer, C	umbei	rland, Mar	ylar	ıd	DATE	4	0.4				

VS A15 (4) 15M 9/55

BY BROWNIAN HILLS OF THE WIND HARD STATE GRADING AN CHITISIES OF DEATH

BUREAU V. S.

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The trade of the state of the s John C. M. Core, The professor, Parcyl and

		133	CERTIF	CAI	OF DEATH			Reg. Dis	t. No.	
1. PLACE OF DEATH 0. COUNTY All	egany		MARYLA	ND	USUAL RESIDENCE (WI		b. COUNTY	Al	legai	ny .
b. CITY OR TOWN ( RURAL and give n	If outside corporate limeorest lown)	its, write	c. LENGTH OF STAY IN	1b ×	c. CITY OR TOWN (IF	outside corpo	prote limits, write Ri	JRAL and g	ive neares	st fown) 6
OR INSTITUTION	TAL (If not in hospitol, s len Ave.	give street	oddress)	1	d. STREET ADDRESS	en				IS RESIDENCE ON A FARM? (ES NO K)
3. NAME OF DECEASED (Type or print)	Dorethy	rsi	Jamimia	Ba	los1 rr	4. DATE OF DEATH	Jan.	th 1	Doy 3	Yeor 19 58
Female	6. COLOR OR RACE White	7. MAR	RIED NEVER MARRIED  ZED DIVORCED [		Mar. 18, 19	906	9. AGE (In years last birthday) 51 yrs.			UNDER 24 HRS. lours Min.
during most of wor Domestic	ON (Give kind of work king life, even if refired	done 10b	Own Homme	INDUSTRY	11. BIRTHPLACE (Stole	or foreign c	country)	U.S		WHAT COUNTR
3. FATHER'S NAME				14	MOTHER'S MAIDEN	NAME				
William C	layton				Jane Hartn	nan				
	ER IN U. S. ARMED FOI (If yes, give war or dates of		SOCIAL SECURITY NO.	17. INFO	mant irgil Barr		Western		Md.	
Conditions, if a gave rise to i couse (a), storing lying couse last.  PART II. OT	the under-	c)	rcinomatos					EN IN PART	1(a) 19.	WAS AUTOPSY PERFORMED?
OR CONTRIBUTING	AS UNDERLYING TO CAUSE OF DEATH A MEDICAL EXAMINER)		SCRIBE HOW INJURY OCCURRED 28		nter nature of injury in OF INJURY (Home, for		SAME AND	ıc	ounty)	{Stote
20c. TIME OF INJUI Hour a. m. p. m.	19	While		foctory	street, office bldg., et	c.)	,	(C	0000193	(31018)
alive an	Jan IZ	19	521 and that d	eath ac	., 157., to	M, fra	m the causes of the fireet, city or town,	ind on th	ast saw	the decease stated above DATE SIGN
PHYSICIAN'S NAME (Type) 220. BURIAL CREMATIC	James H		verton Sr	Md .	EMATORY	22d. LOCA	ITION (City, town,	or county)		(Stole)
BUTTAL (Specify	1/16/58		Philos			Wes	ternport		1	Md.
23. FUNERAL DIRECTOR	R'S SIGNATURE		ADDRESS Westernpo	rt, M		'D BY REGIS	1	STRAR'S SIG	NATURE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNER DIRECTOR: After this certificate has been signed by the attending physician and-completely filled in by the funeral director, page 3.7, build be detached for use as the burial-transit permit. Then please remove carbon pages. Pages, and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. VS A1S (4) 15M 9/55

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		79	80	CERTIFI	CATE OF	DEAIII			Reg. Di	st. No.	00	00
	o. COUNTY All	egany		MARYLAN	II OTATE	Md.	re deceased	lived. If institution b. COUNTY		egany		on]
7	b. CITY OR TOWN (I RURAL and give no Westernpo			GTH OF STAY IN 1		town (if ou		te limits, write RI	URAL ond	give neare	st lown	7.
	d. NAME OF HOSPIT OR INSTITUTION 430 Wal	FAL (If not in hospital, g			d. STREET					-		DENCE FARM? NO
3.	NAME OF DECEASED (Type or print)	Victoria	Rebe	Middle CCR			4. DATE OF DEATH	Jan	th	Doy 13		ear 958
	sex Female	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED [	- 1 m m f.		9	lost birthday)	Months Months	Doys I	Hours	R 24 HRS. Min,
10	Domestic	ON (Give kind of work king life, even if retired	done 10b. KIND (		IDUSTRY 13. BIRTHI		r foreign cou	intry)		S.A.		COUNTRY
13.	George W	. Brown				s MAIDEN N						
		R IN U. S. ARMED FOR {If yes, give wor or done of s		SECURITY NO.	7. INFORMANT Mrs. Lul	u Faze	nbaker	Addr Westerr		, Md.		
	PART I. DEA  Conditions, if o gove rise to i couse (o), stoting lying couse lost.	mmediate (	Dogs Arta	rio-se	Not Sps			hermot		ionset	Yes	DEATH AS
FICATION	PART II. OTH	HER SIGNIFICANT CON							'EN IN PAR		WAS A PERFOI YES [	NO D
l e	200. ACCIDENT WA	AS UNDERLYING LI	200. DESCRIBE P	IOW INJURY OCCU	IKKED. IENIER NOTURE	or injury in r	pri i ar e ori	i or item ib.j				
L CERTIFI		CAUSE OF DEATH MEDICAL EXAMINER)	11011-	2								
MEDICAL CER		MEDICAL EXAMINERS RY Month, Doy, Ye 19	or 20d. INJURY	OCCURRED 20e lat while t wark	PLACE OF INJURY foctory, street, offi			or town)	(<	Counly)		(Stote)
	20c. TIME OF INJUR Hour o. m. p. m. 21. I certify the olive on  ACTUAL SIGNATURE PHYSICIAN'S		or 20d. INJURY While of work of	lat while t wark	. PLACE OF INJURY	), to J	M, from	3 1958	that I	lost sov	state	deceose
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.  21. I certify the olive on	RY Month, Doy, Ye 19 hat I oftended the June 13 Result,	or 20d. INJURY While of work of the deceased from 1958	lat while t wark	PLACE OF INJURY foctory, street, offi  L. 1.5., 19.50  ath occurred o	11:20)	M, from DDRESS (Str.	3, 1958 the couses a	that I and on the state)	lost sow he date	state	d abov TE SIGNE

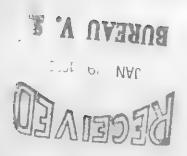
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

BUNEAU V. S.

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Them 3. See: Stillbirth Cert. of other twin

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Reg. Dist. No.....

CERTIFICATE OF DEATH 81

	the same of the sa			,	
1. PLACE OF DEATH		2. USUAL RESIDE	NCE (HOME) OF D	ECRAFED	
COUNTY Allegeny	MARYLAND	STATE Mary	land COUNTY	Allegany	
CITY (II outside corporate limits, write RURAL	LENGTH OF STAY	DIAIL	porate limits, write RURAL o		
OR and give neerest town) TOWN Figs of Tourse	(in this place)	OR	dland	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
HOSPITAL OR					
INSTITUTION OR		STREET ADDRESS	(If rurel gi	ve location)	
STREET ADDRESS Miners Hospital		1			
3. NAME OF (First)	(Middle)	(Lest)	4. DATE (Mo	nth) (Daγ)	(Year)
Type or Print		Blair, Twin I	I DEATH J	anuary 13	, 19 58
5. SEX 6. COLOR OR 7. SINGLE, MARK	ED, 8. DATE O	F BIRTH	9. AGE last birthday		JNDER 24 HRS
Female White Specify Si	ngle   1/1	3/58	yes,	Months Deys i	ours   Min.
		11. BIRTHPLACE (Slata or for	aign country)	12. CITIZEN O	
ratired)	INDUSTRY	Maryland		U. S.	
13. FATHER'S NAME		1 14, MOTHER'S MAIDEN		10.0.	
Frank R. Blair			Elvira Ra	elston	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16	SOCIAL SECURITY NO.	17, INFORMANT &			
(Yes, may or unk.) (If Yes, give wer or detes of service)		Mother		a Ma	
			Midlan		Aller to the
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CER	TIFICATION			BETWEEN ND DEATH
7/: " " PA	amatur	47		1	Par .
// MARDIATE CAUSE (A)	,	7 ,			11
DISEASES OR CONDITIONS, IF ANY, (B)	mahure	runtu	y menu	brana 1+4	lus
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, (C)	imure				
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	)				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING DEATH.	/				
198. DATE OF OPERATION   196, MAJOR FINDINGS	OF OPERATION			20 AI	JTOPSY?
				YES	NO K
216. ACCIDENT WAS UNDERLYING   216. PLACE (Home OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	s, ferm, fectory, 2 ffice bldg., etc.)	Tic. WHERE DID INJURY OCCU	JR? (City or town)	(County)	(Stela)
21d, TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. Whil	e ┌── Not while ┌── │	211. HOW DID INJURY OCC	JR?		
M.   at w	1115	1-47 1	7-5	<del></del>	
22. I hereby certify that I attended the decer		, 19	19 <u>5</u>	, that I last saw th	e deceased
alive on January 13 58, and	that death occurred at	2: ASAM, from the	causes and on the c	date stated above.	
SIGNATURE	/h,	ADE	RESS (Street, city, tow		E SIGNED
AT War and Way	1 M.O. 4	8 Broadway,	Frestburg.	Md. 1/1	3/58
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OR		LOCATION (City, Town	n, or county)	(Stele)
BURIAL (SPECIFY) 1/13/1958	Memorial P	ark	-		
24. REC'D BY REGISTRAR   REGISTRAR'S SIGNATURE	The second	25. FUNERAL DIRECTOR'S	Frestan	ADDRESS	
d / ~ A			CHHORN, LC		MD.
DATE JAN 1 5 '33   PAR A		GEVRGE EL	CHINOMY IN	TA VACOTA TTA CLA	THAT O

# BUNEAU V. A.

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_		5	6	CER	RTIFIC	ATE OF	DEATH	ſ		Reg. Di	st. No.		- 400
1.	PLACE OF DEATH	NTSP		A	ARYLAND	2 USUAL RES			d lived. If instituti	anı Residen	ce befor	• admis	sion)
	ALJEGA		Ta ta				MARYL					GAN	
	b. CITY OR TOWN (IF RURAL and give new CUMBER.)	orest town)	nis, write	11 DAY		II .	TOWN (IF 6)		rate limits, write R	URAL ond	give near	rest tow	n}
H	A NAME OF HOSPITA	At the not in bounital	give street			d. STREET		-011001	Lance		1.	IS DE	SIDENCE
	Sacred	Heart Hos	p.		-	N	nto Rd.						SIDENCE A FARM?
3	NAME OF DECEASED	F	irst	Mi	ddle	Lo	ns†	4. DATE	Mon	lh	Day	,	Year
	(Type or print)	EPHE	MIA	K.		BLAUCH		OF DEATH	JAN.	. 2	28		19 58
5.	SEX	6 COLOR OR RACE	7 MARI	RIED NEVER MA	ARRIED	B. DATE OF BIR	TH		9. AGE (In years	IF UNDER	-		
	MALE	WHITE	WIDOW	ED XX DIVO	RCED	APRIL	28.188	6	last birthday) 9"] yrs.	Months	Pays	Havrs	Min,
10	USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINES	SS OR INDU					12. CIT	IZEN O	F WHA	COUNTRY?
_	Retired Fa	ing lire, even it retire	d}	arm owner			erset.		Penna.		U.	_	A.
13	FATHER'S NAME					14 MOTHER	S MAIDEN N.				X		
	HEMRY B		EASEL				yn Kie	m,	gaga		DECE	ASEL	)
15	WAS DECEASED EVER	! IN U. S. ARMED PO If yes, give war or dates of	RCES? 16		NO. 17. 1	NFORMANT			Add	ess			
_	No.			None		rs. Emma	Kidwe	11 R.	D. # 5	Cumbe	rlan	d.	Id.
	18. CAUSE OF DEAT	TH Enter only one o	ause per li	ne for (a), (b), and	(c).]	0					INTE	RVAL BE	TWEEN
	PART I. DEAT	H WAS CAUSED BY:	n (0	sticose	luote	i Niver	t di	ras	2		ONSE	2 /	DEATH
	420.0	DUE TO	-								-	7	
	Conditions, if on	w which )	^	2	ind	ontero	16000	j.			5	-11	_
	gove rise to im	mediate (	5	Creation.	3-1	CALL CALL	nice				-	-52	-elling
	lying cause last.	ne under-	_										
z		ER SIGNIFICANT COI	dottions (	ONTRIBUTING TO	DEATH OUR	NOT DELATED TO	O THE TERMIN	IAL DIEFAS	r countries and	P1	1		
CERTIFICATION	1441 31 341			ONTRIBUTING TO	DEATH BUT	NOT KELATED II	O THE TERMIN	ANT DISEASI	E CONDITION GIV	tn in Pari	- 1	PERFO	RMED?
ERTIFI	200. ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A	UNDERLYING CAUSE OF DEATH	20b. DES	CRIBE HOW INJUR	Y OCCURRE	D (Enter noture o	of injury in Po	art I or Part	I II of item 18.)				
			1										
MEDICAL	20c. TIME OF INJURY Hour a. m.	·	White	VJURY OCCURRED  Not while	20e. PL	ACE OF INJURY clory, street, offic	(Home, form, re bldg., etc.)	20f. (City	ar lawn)	(0	County)		(State)
ME	p. m.	19	at wor										
	21. I certify the	at I attended the	deceas	ed fram 3	- 4-	1957	. ta /-	- 25	19.525	that LI	ast sa	w the	decented
	alive an	1-78-	. 19 >	3 and th	hat death	accurred at	11:00	PM fran	the causes a	nd on th	asi sa	A 44-4	-L
		c/)	11	1, 4, 4, 6, 6,	ilai acaiii	decorred at			rest, city or town,		ie daie	# SIGIR	ATE SIGNED
	ACTUAL SIGNATURE	Leson	151	lines		5	7/42	ence of	1 /11	ulon		W.	1-29-17
						M.D	4-4			20-00			
	PHYSICIAN'S NAME (Type) L.F	WHIS BRING	S, M.	D		57.	GREEN	E ST.	CUMBERI	AND.	MD.		
220	BURIAL, CREMATION	, 225 DATE THERE	OF.	22c NAME OF C	EMETERY O				ION (City, town, o			(State	e)
	Burial	1/31/58		Pinto	Cemete	erv.		Pint	o. Marvla	and			
23	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			24a. REC'D				MATURE		
	Charle s	L. George	o Cu	mberland,	Md.			3 1 '58	h /	-	1		
							TANK I	7 1 70		23,00	4		

VS A15 (4) 15M 9/SS

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1		· · · · · · · · · · · · · · · · · · ·	CERTIFICA	ATE OF DEATH	Reg. Dist. No	0001
director		PLACE OF DEATH  COUNTY  ATLEGANY	MARYLAND	2. USUAL RESIDENCE (Where deceased live o. STATE MARYT.AND	ALLEGANY	1
ld be i		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		c. CITY OR TOWN (If outside corporate		orest fown)
he fu		d. NAME OF HOSPITAL (If not in hospital, give stre	3HRS_45MTN_et oddress)	RURAL*CUMBERL	AND	. IS RESIDENCE
by 2		d. NAME OF HOSPITAL (If not in hospital, give stre OR INSTITUTION SACRED HYART HOSPITA	T	RT #1 VALLEY	RD	YES NO
- S		R. NAME OF First DECEASED (Type or print)	Middle ELIZABETH	BOBO 4. DATE OF DEATH		oy Yeor 958 19
00				DODO	GE (In yours IF UNDER LYEAT	700 17 R IF UNDER 24 HRS
el e			WEXT DIVORCED	4/12/1882 186	угь.	Hours Min
bon pape er death.		0a USUAL OCCUPATION (Give kind of work done to during most of working life, even if relired) HOUSEWIFT	b KIND OF BUSINESS OR INDUS	Keyser, West Vi		OF WHAT COUNTR
offer		3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
2 2		JOHN COOK (DECEASE	ID)	Mary Miller		
Pod 2		S. WAS DECEASED EVER IN U. S. ARMED FORCES?   1 (Yes. no. or unknown)   (If yes, give wer or dates of service)	6 SOCIAL SECURITY NO 17. H	VFORMANT	Address	
2 Se	-	The Califer De De Arts for	none -	PT'S CHART		
en ple		18. CAUSE OF DEATH [Enter only one couse per PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	Critical	humanleage	ON	SET AND DEATH
y eve		OT 3UD	$\Omega$ $A$	0		
Dermit.		Conditions, if ony, which gove rise to immediate DUE TO	Molerina	Muon		
4	儿	lying couse lost. (c)				
mavol, o	0	5		NOT RELATED TO THE TERMINAL DISEASE CO		19. WAS AUTOPSY PERFORMED? YES NO
ar re	- 1	(IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRED	) (Enter noture of injury in Port I or Port II of	item TB.)	
remotion		Hour o. m. Whi		CE OF INJURY (Home, farm, lory, street, office bldg , etc.)	own) (County)	(Stote)
0 <u>0</u> 0 0		21. I certify that I attended the decen	sed from 1-28	19 5 8, 10 1 - 2.9	, 19.5 B, that I last s	aw the decease
fach buri		alive on	and that death	occurred at 1:35A.M., from th	e causes and an the da	
rior to		ACTUAL SIGNATURE LL ELLCEL	P. Jemm,	ADDRESS (Street,	city or lown, state)	1-29-58
should stror p		PHYSICIAN'S WILLIAM P. TAMES	M.D.	441 N. CENTRE ST.	CUMBERLAND, N	D.
regi	1	20. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OF	CREMATORY 22d LOCATION	(City, town, or county)	(Stote)
84	-	Burial Jan 31, 19	Non Memor		land, Marylan	
(4)	ľ	John J. Hafer, Cumber.		240 REC'D BY REGISTRAR FEB 3 133	246 REGISTRAR'S SIGNATU	KE
S5	-			PRICE	WY W Suitely	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

A .V BABAN V. B.

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1	MARYLAND STATE DEPARTMENT OF HEALTH-	-BALTIMORE, 18
	103 CERTIFICATE OF DEATH	Reg. Dist. No. 012
director lifed with	1. PLACE OF DEATH  O. COUNTY  ALLEGAN  MARYLAND  2. USUAL RESIDENCE (Where o. STATE MARYLAND)	e deceased lived. If institution: Residence before admission)  AND  b. COUNTY  ALLEGANY
funeral funeral	b. CITY OR TOWN (If outside corporate lights, write RURAY and give nearest lown)  ALLKE, P MD  LD VRS.  * NIKEP I	side corporate limits, write RURAL and give nearest town).  M. O.
d 2 shot	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION  d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO D
illed os	3. NAME OF DECEASED Waldo First Middle Broadwater (Type or print)	DATE Month Day Year OF DEATH AN 17 1958
d within	5 SEX   6. COLOR OR RACE   7 MARRIED   NEVER MARRIED   B. DATE OF BIRTH   MAY 8, 1871	9. AGE (In years   IF UNDER I YEAR IF UNDER 24 HRS
nd compon pape death.	100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11/ BIRTHPLACE (Stote or during most of working life even if retired)  TARMER - KETIRED OWN FARM AVILTON	foreign country)  12. CITIZEN OF WHAT COUNTRY?
rs offer	13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15 MOTHER'S MAIDEN NAME 16 MOTHER'S MAIDEN NAME 16 MOTHER'S MAIDEN NAME 17 MOTHER'S MAIDEN NAME 17 MOTHER'S MAIDEN NAME 18 MOTHER'S	CUSTER
ng physe remov 72 hov	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (YOU, no. or unknown) (If yes, give mor or dottee of service) NENE Forcest Bira	dwater Nikep mik
attending pleas	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)]  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  Pulmanum. Edeam 3	INTERVAL BETWEEN ONSET AND DEATH
that the last the las	Conditions, if ony, which) On them not specified is Rhoun	econted Degenera. 5 Years
nounce on signed sit perm and in a	gove rise to immediate couse (a), stating the <u>under-lying couse last.</u> DUE TO  (c)	
physicial physicial control co	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISCONTRIBUTING TO THE TERMINAL DISCONTRIBUTI	AL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\bigcap\) NO \(\bigcap\)
lan: Tiending ficate he the bur		rt I or Port (I of item 1B )
PHYSIC al ar at this cert in use as emation	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while at wark of twark of twark in the state of twark in the sta	20f. (City or town) (County) (State)
NDING: After ched for urial, cr		Term. IL. 1958, that I last saw the deceased M, fram the causes and an the date-stated abave
A ATTEN d by the ECTOR or to be	ACTUAL Paul Proling M.D. Pred M.D. Pred M.D.	DRESS (Street, city or town, stole)  Ont, W. V. J. J. 18. 193
recoine stror pri	PHYSICIAN'S Paul R. Wilson M.D.	
O HOSP may be page 3 the regit	220. BURIAL, CREMATION, 226 DATE THEREOF 22C. NAME OF CEMETERY OR CREMATORY 22C. NAME OF CEMETERY OR CREMATORY 32C.	OARTON, ALLEGANY MD
VS A15 (4) 15M 9/55	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D I DATE JAN	BY REGISTRAR 2 24 REGISTRAR S SIGNATURE 2.2 '58 J. W. L.

BUREAU V. S



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TO HOSPITAL OR ATTENDING PHYSICIAN; The Tow requires that the death certificate be executed within 24 hours after death. Page 4	TO FUNE DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled to by the funeral director, page 3 July be detached for use as the burial-trans i permit. Then please remove carbon papers. Pages 2 shauld be filled with the registrar prior to burial, cremotion, ar removal, and in any event within 72 hours ofter death.	

184

1	PLACE OF DEATH					2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission)							
L		Allegany		MAI	RYLAND	u JIAIL	Mary	rland	b COUNTY	Į.	lleg	any	
	b. CITY OR TOWN (IF RURAL and give ner	outside corporate limi	is, write	c LENGTH OF STA	Y IN 16	c. CITY OR 1	TOWN (If a	utside corpor	ote limits, write R	URAL and g	ive nearest t	awn)	
L	Fro	stburg		life			Fros	tburg	7				
	OR INSTITUTION	AL (If not in hospital, g		· ·		d. STREET A						RESIDENCE N A FARM?	
L	196	W. Mecha	nic	St.			196	W. Me	chanic	St.	YES	□ NO □	
3.	NAME OF DECEASED (Type or print)	ANNA	si	CATHER	_	BROI		4. DATE OF DEATH	JANUA		28.	Yeor 19 58	
\$.	SEX	6. COLOR OR RACE	7 MARR	IED NEVER MAR	RIED 📉 B	DATE OF BIRTI	Н	1	9. AGE (In years lost birthday)		YEAR IF U	NDER 24 HRS	
	female	white	WIDOWE	DIVOR	CED [	4-16.	-1888	3	69 yrs	Months	Days Hou	ers Alin	
10	. USUAL OCCUPATIO	N (Give kind of work ing life, even if retired	ione 10b.	KIND OF BUSINESS	OR INDUST	RY 11. BIRTHPL	ACE (Slote	or foreign ca		12 CITI	ZEN OF WI	AT COUNTRY	
B	. 1 4 7	eamstress		erkowitz	Co.	Ma	arvla	hnd		Ī	J.S.A		
13.	FATHER'S NAME					14. MOTHER'S	21-1				7 8 PO 8 2 X		
	Conr	ad Brode				Rad	chel	Kirky	rood				
15	WAS DECEASED EVER			SOCIAL SECURITY N	IQ. 17. IN	FORMANT			Add	ess			
1	rs, no, or unknown) [I	If yes, give wor or dotes of s	2	12-01-98	30 Mirs	s. Mary	y Sat	hoff.	Frost	burg.	Md.		
F	18. CAUSE OF DEAT	TH [Enter only one co									INTERVAL	BETWEEN	
L	PART 1 DEAT	H WAS CAUSED BY-		Carci	Rem	30 - Cen	truck	24,6	calusa	con.	ONSET A	NO DEATH	
L	24.0 X	DUE TO	,	= 1		_4	, , , ,	1	5		1	,/	
L	Conditions, if on	y, which ) (b		794	Med	Cenni-	P Ca	· lea	2000	undin	40	2 -1/4	
	gove rise to in	madiate Dus To		( - 1	1.4		rr	17	- Long Aller E.	PELOU	1		
П	lying couse lost	ic onder-	)	Mac 4	e le 2	221	& TEX	lie			ye.	me and	
NOL	PART II. OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO D	EATH BUT N	NOT RELATED TO	THETERMI	NAL DISEASE	CONDITION GIV	EN IN PART	1(o) 19 W	AS AUTOPSY	
3												REORMED?	
CERTIFICA	200 ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	UNDERLYING	20b. DESC	RIBE HOW INJURY	OCCURRED	(Enter noture o	f injury in f	ort For Part	II of stem 18.)				
Ü	(IF EITHER, NOTIFY	MEDICAL EXAMINER)											
CA	20c. TIME OF INJURY	Month, Doy, Yes		NJURY OCCURRED	20e. PLA	CE OF INJURY (	Home, form	. 20f. (City	or town)	(C	ounly)	(Stote)	
MEDICA	Hour a.m. p. m	19	While of worl	Not while	1001	ory, sireer, ornice	e blog., erc.	7					
	21. I certifie the	at I attended the	deceasi	ed from 04	2nd	1950	, ta	Hay,	28. 19.5	that I le	ast saw t	ne deceaso	
	alive an	2428	19.4	1	,	occurred of	-: :		the causes o				
	1	7		C .	ar acam	occorred of		ADDRESS (Sir	eet, city or town,	stote)	e date 31	DATE SIGNED	
	ACTUAL SIGNATURE	to the	15.1	vovis.			Bro	adway	7 3				
	/	7		,				**					
	PHYSICIAN'S NAME (Type)	John B.	Davi	is, M. D	•		Fro	stbur	g, Md.				
22	BURIAL, CREMATION	, 226. DATE THEREO	F	22c. NAME OF CE	METERY OR	CREMATORY		22d LOCATI	ON (City, town, a	or county)	(	State)	
B	REMOVAL (Specify)	1-30-58	}	F'bg.	Memoi	rial Pa	rk		stburg		Md.		
23.	FUNERAL DIRECTOR'S	_		ADDRESS				BY REGISTR	AR 24b. REGIS	TRAR'S SIG	NATURE		
	J. R. Dui	rst, F	rost	burg, M	d.		DATE	N 3 1 '5	8 000	1	-1		

# BUREAU V. L.

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VS A15 (4) 15M 9/55

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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		۴,	Q	CERTIFICA	ATE OF D	EATH			Reg. Dis	t, No.	
1	D. COUNTY A	legany		MARYLAND	o. STATE	NCE (Wh	_	d lived If instituti b. COUNTY		e before	
	b. CITY OR TOWN (If	f outside corporate limi	its, write	c. LENGTH OF STAY IN 16		Rd .		rate limits, write R			
L	Cı	umberland		lyr,21days	×	Вε	rrelv	ille, Md	•		
	d. NAME OF HOSPIT. OR INSTITUTION	AL (if not in hospital, s	jive street	oddress)	d. STREET AD	DRESS				е	IS RESIDENCE ON A FARM?
		Sylvan Ret	reat							1	YES NO
3	NAME OF DECEASED (Type or print)	Elizak		Middle	Cassell		4. DATE OF DEATH	Mor 1	ith	Day 1	Yeor 19 58
5	. SEX	6. COLOR OR RACE	7. MARR	RIED NEVER MARRIED	8. DATE OF BIRTH			9 AGE (In years last birthday)			UNDER 24 HRS
L	F	W	WIDOWI	ED T DIVORCED	Dec. 11	, 180	57	90 yrs.	Months	Doys I	Hours Min.
T	Ourseg most of work	N (G've kind of work ung life, even if retired	done 10b	KIND OF BUSINESS OR INDU		CE (State o	or foreign co	ountry)			WHAT COUNTRY
L		3	0	Wn Home	Md.				U.S	S <sub>e</sub> A <sub>e</sub>	
1	3. FATHER'S NAME				14. MOTHER'S M	AIDEN N	AME				
L		Villiam Tay					Ma	ıry Ann C	ooke		
Ш		R IN U. S. ARMED FOR Plyon, give war or dates of s			INFORMANT			Add			
	no				William P	atter	cson-W	lesternpo	rt, Mo	i.	
		TH WAS CAUSED BY: IMMEDIATE CAUSE (c	)	me for (o), (b), and (c).]  #20 /	ryeeur	Lei	o de	geticis	e ho-	INTERV	AL BETWEEN
	Conditions, if ar	m mediate	1	4221	Gerelis	al	ay	trusc	lues		?
	couse (a), stating the lying couse lost.	the under DUE TO	)	590	Toph	ret.	70	Water the state of			>
NO GAR DISIANS	PART II. OTH	IER SIGNIFICANT CON	DITIONS	304 SE	NOT RELATED TO T	HE TERMIN	11. 11	E CONDITION GIV	EN IN PART		WAS AUTOPSY PERFORMED?
		S UNDERLYING DEATH MEDICAL EXAMINER)	20b. DES	CRISE HOW INJURY OCCURRE	D. (Enter noture si i	njury in/P	ort I or Part	t II of item 18.)			
10000	Hour a. p.	Y Month, Day, Ye	White of work	Not while fo	ACE OF INJURY (Ho clory, street, office b	me, farm, oldg., etc.	20f. (City	or town)	(Co	ounty)	(State)
Т	21. I certify the	at I attended the	décease	ed from Oll 1	0 /h1956.	to X	au	1/0/1958	that I le	ost saw	the deceased
	alive on	CC . 315	125	57, and that death	occurred at 2	28 1500	T.u				
۱	ACTUAL SIGNATURE	facille	1.	In Cheau	M.D			reet, city or town,			DATE SIGNED
	PHYSICIAN'S NAME (Type)	Dr. J. E.		ean							
-1-	20. SURIAL, CREMATION REMOVAL (Specify)		F	22c. NAME OF CEMETERY O	R CREMATORY		22d, LOCAT	ION (City, lown,	or county)		(State)
	Burial	1/4/58		Oak Hill			Lon	aconing			Md.
2	3. FUNERAL DIRECTOR:	S SIGNATURE		ADDRESS	6	4g. REC'D		RAR 246 REGIS	STRAR'S SIGI	NATURE	^
				Westernport.	Md	APV I	0 1	458	11 31	1	. /

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# TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after death. Page 4 may be pained by the hospital or attending physician. TO FUNE L DIRECTOR: After this certificate has been signed by the attending physician and completely filly by the funeral director, page 3 would be detached for use as the burnal-transit permit. Then please remove carbon pages, and 2 should be filed with the registrar prior to burial, ar removal, and in any event within 72 hours after death.

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

		••	10		CERTIFIC	CA	TE OF DEAT	ГН			Reg. Di	ist. No.	100	15
1	PLACE OF DEATH a. COUNTY	Allegany			MARYLAN	21	2. USUAL RESIDENCE (	_	-	d lived. If institu b. COUNT	Υ	Legun		on)
b CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 1b RURAL and give nearest town)					c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)									
Cumberland 67 yrs.						' Cumberland								
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION							d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?							
	214 R	ec St.					315 Ra	ce	St	•		Y	ES 🗍	NOX
3.	NAME OF DECEASED		First		Middle		losi	4	OF		onth	Day		par
L	(Type or print)	Le					haney		DEATH	ل	an.	3		958
5.	SEX	6 COLOR OR RA	CE 7. MA	RRIED 🔭	NEVER MARRIED	<b>□</b>   B.	DATE OF BIRTH			9. AGE (In year last birthday)	Months	Doys H	UNDER	Min,
	ale	White		WED 🗌	DIVORCED			18		last birthday)				
104	<ul> <li>USUAL OCCUPAT during most of wo</li> </ul>	ION (Give kind of working life, even if re-	ark done 10 tired)	b. KIND O	F BUSINESS OR IN	IDUST	RY 11. BIRTHPLACE (Sid				12. CI	TIZEN OF Y	WHAT	COUNTRY?
Laborer Railroad							Cumberland, Md. USA							
13.	FATHER'S NAME			14. MOTHER'S MAIDEN NAME										
	Eze	ekiel Ch	aney				Sara M	lar	TOW					
	WAS DECEASED EV	ER IN U. S. ARMED		6. SOCIAL	SECURITY NO. I	7. INI	ORMANT			Ad	dress			
	Ves	Bar T		:14-	05-1.388	1/	iss Betty	7 C	han	ey, Cun	berla	ind,	1.d	
F		ATH [Enter only or	ne couse per	lige for (c	i), (b), and (c).]							INTERV	AL BET	WEEN
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6)										DEATH			
	HIT 2 X DUE TO													
	Canditions, if any, which ardine takes Commissional 2 de f										,			
											4			
CATION	tying cause last.													
CERTIF	OR CONTRIBUTION	VAS UNDERLYING E G E CAUSE OF DE Y MEDICAL EXAMIN	ATH	ESCRIBE H	OW INJURY OCCU	RRED.	(Enter nature of injury	in Por	1 I or Par	t II of item 1B )				
MEDICAL	20c. TIME OF INJU Hour e. m. P. m.		Whi	le N	OCCURRED 20e of while work	focto	TE OF INJURY (Hame, for street, office bldg.,	orm, etc.)	20f. (Cit	y or town)	(	County)		(State)
	21. I certify that I attended the deceased from 1 www., 1947, to 100 1, 1948, that I last saw the deceased													
	olive on 12 5, and hat death occurred at 2:45AM, from the couses and on the date stated above.													
	ADDRESS (Street, city or town, stole)  DATE SIGNED													
	SIGNATURE hypele K. Eve hart MD. 124 hall Hary ha bale 1/11									11/18				
	PHYSICIAN'S Lysle Everhart LaVale, aryland Cuylud and ma										7			
22		ON, 226. DATE TH	EREOF	22c. N	NAME OF CEMETER	YOR	CREMATORY	2	2d. 10CA	TION (City, town	, or county)		(Stote	)
	REMOVAL (Specify	" 1-11	58	Da	vis Hem	or	ial Cenet	، او ي	C	unberla	and.	Md.		
23.	FUNERAL DIRECTO	R'S SIGNATURE			DDRESS		240 RI	EC'D I	BY REGIS	TRAR 246 REC	HSTRAR'S SI			
	Vames	7, 80	2200	Ri .	Cun Des Oa	mo	And, DATE	11/1	3 '58	e) An	2 mil	ch		

VS A15 (4) 15M 9/55

DECEINED NA

EUNEAU V. S.

l			88	CERTIFIC	AIE OF DEATH					Reg. Dist. No.			
1. PLACE OF DEATH o. COUNTY Allegany				MARYLAND	2 USUAL RESID		esidence before admission)  Legany						
	b. CITY OR TOWN (IF RURAL and give ne Westernp	outside corporole limi orest fown) OT C	ts, write	2 Yrs	outside corpoi ort	parate limits, write RURAL and give nearest town)							
	or insufficient	AL (If not in hospital, od. Ave	ive street	oddress)	d STREET A	_	ve.					SIDENCE FARM? NO [X	
3.	NAME OF DECEASED (Type or print)	Gary		Middle Ellsworth	Cogley		4. DATE OF DEATH	Jan Mon	th	6	,	Yeor 1958	
\$.	Male	6. COLOR OR RACE White	7. MARI	RIED NEVER MARRIED 🖾	Sept. 2		946	9. AGE (In years lost birthday) 11 yrs.	Months	R 1 YEAR Days	IF UNDI Haurs	ER 24 HRS Min.	
10	disting most of work	N (Give kind of working life, even if retired	done 10b	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPL		or foreign co	ountry)		S.A.		COUNTR	
13.	John E. C	ogley			14 MOTHER'S Eliz		name h <b>L. S</b>	haffer					
	WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17.	John E.	Cpg1	ey=Wes	Addi ternport,					
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)]  PART I. DEATH WAS CAUSED BY Rheumatic heart direations of the course (o) and the course (o) are the course (o)							POST AND DE					
CERTIFICATION	Conditions, if or gave rise to in couse (o), stoling t lying couse lost.	y, which (the medicals (	N	one									
	PART II. OTH		DITIONS	CONTRIBUTING TO DEATH BL	IT NOT RELATED TO	THE TERM	INAL DISEAS	E CONDITION GIV	'EN IN PA	RT 1(a) 1	PERFC	AUTOPSY PRMED?	
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED Hour a.m. 20f (City or lown) foctory, street, office bldg., etc.)  PLACE OF INJURY (Home, form, 20f (City or lown) foctory, street, office bldg., etc.)								(County)		(State		
	21. I certify that I attended the deceased from October , 167, to January 6, 1958, that I last saw the decease alive on December 30, 1957, and that death occurred at 11: 454, from the causes and on the date stated above ADDRESS (Street, city or town, stote)  ACTUAL SIGNATURE Gally ADDRESS (Street, city or town, stote)  ACTUAL SIGNATURE January 7, 1958												
200		aul T. H				N. M		t.,Key					
	o. Burial, Cremation REMOVAL (Specify) Burial	1/9/58	<b>)</b> F	George Cemetery	OR CREMATORY		Swar	tion (City, town, o			(Stot	€}	
23	FUNERAL DIRECTOR	SIGNATURE		Westernport,	Md.	24o. REC	'D BY REGIST	RAR 24b. REGIS	STRAR'S S	SIGNATU	KE		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or attending physician.

TO FUNE: DIRECTOR: After this certificate has been signed by the attending physician and campletely filler page 3 would be detached for use as the burial-transit permit. Then please remaye carbon pagers. Pages the registrar prior to burial, cremation, or remayal, and in any event within 72 hours after death. V5 A1S (4) 15M 9/SS,

by the funeral director.

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24 hours after death.

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juines that the death certi		gned by the attending pl	permit. Then please rem	in any event within 72 h
3 PHTSICIAN: The law red	ital ar attending physician	r this certificate has been s	ar use as the burial-transit	cremation, ar removol, and
TO HOSPITAL OR ATTENDING	may be retained by the haspi	TO FUNEX DIRECTOR: After this certificate has been signed by the ottending physician and campletely fills by the funeral dire	page 3 wid be detached far use as the burial-transit permit. Then please remave carbon papers. Pages and 2 should be filled	the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death.
		_		

	MAR	<b>LAND</b>	STATE DEPAR	MTS	ENT OF HE	ALTH	H-BA	LTIMO	DRE, 18				
	<b>\$</b>	13	CERTIF	ICA	ATE OF D	ATH	1		R	teg. Dist	-	001	9
1.	PLACE OF DEATH S. COUNTY ALLEGANY		MARYL	AND	2. USUAL RESIDENCE (Where deceased lived If institution; Residence before admission)  MARYLAND  b. COUNTY  ALLEGANY								
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)  CUMBERLAND  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)  CUMBERLAND											ve near	est fown	
	NAME OF HOSPITAL (IF not in hospital MEMORIAL HOSPITAL	d. STREET ADD		RD S1	REET				ON A	FARM?			
3.	NAME OF DECEASED Type or print) GOM	fint ER	Middle		Lost DAV	IES	4. DATE OF DEAT	н	Month JANUA	RY	Day 6	-	9 58
5. :	MALE WHITE	E 7. MARI	RIED NEVER MARRIED	ر ک	B DATE OF BIRTH DEC. 17,	188	8	P AGE		UNDER 1			
	USUAL OCCUPATION (Give kind of word during most of working life, even if return timed Tin Smith.	ed)	KIND OF BUSINESS OR		SWANSE	`		* -			_	WHAT AM.	COUNTRY
13.	FATHER'S NAME DAVIES, WILLIAM				14. MOTHER'S M								
{Y#	WAS DECEASEDEVER IN U. S. ARMED FO. no. or unknown) (19 yes, give wor or dates i	of service)	SOCIAL SECURITY NO. 14-07-3507		MORIAL HO	SPIT	AL		Address	MBERI	LAND	MD.	
	18. CAUSE OF DEATH [Enter only one PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE	cause per li		2	en	L					INTER	VAL BET	TWEEN
	Conditions, if ony, which )	70	hum	-	211	1.0-0	tar	eli	tes		4	1.24	cesa
	gove rise to immediate case (a), storing the underlying cause lost.	(c)			,								
CERTIFICATION	PART II. OTHER SIGNIFICANT CO		CONTRIBUTING TO DEAT	TH BUT	NOT RELATED TO T	HE TERMI	NAL DISEA	SE CONDI	TION GIVEN	IN PART		WAS A PERFOR	RMED?
	200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINES	20b. DES	CRIBE HOW INJURY OC	CURRE	D. (Enter noture of i	njury in f	Port I or Pa	ort II of ite	m 18.)				
MEDICAL	20c. TIME OF INJURY Month, Day, Hour a. m. p. m.	While	NURY OCCURRED  Not while k of work	PL/ Foo	ACE OF INJURY (Ho closy, street, office b	me, form Idg., etc.	, 20f. (Ci	ty or town	)	(Co	unly)		(Stote)
	21. I certify that I attended the	ne deceas	~ <		19 <u>5</u> 7	6:24	PM. fre		ارگ <sup>ارگ</sup> را auses and				
	ACTUAL PLOY 70	bu	net		M.D. 7256	- 1	ADDRESS (	Street, city	or town, slo	le)	1/8	DA S	TE SIGNED
	PHYSICIAN'S DR. CLAY		RRETT										
22a	BURIAL, CREMATION, 22b. DATE THER REMOVAL (Specify) Jan. 9.		Sunsat Me						y, town, or c			(State	)
	funeral director's signature harles L. George,	Cumbe	rland, lid.		2		BY REGIS		245. REGISTR		NATURE ~ /		



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VS A15 (4) 15M 10/57

MARYLAND	STATE DEPART	MENT OF HEA	ALTH-BA	LTIMORE, 18
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1 15	CERTIFICA	ATE OF DEATH	ı	Reg. Dist. No.
1. PLACE OF DEATH COUNTY  \$11eganv	MARYLAND	2 USUAL RESIDENCE (WAS 0. STATE	b. COUNTY	n Residence before admission) Allegany
b. CITY OR TOWN (f autside carporate fimits, write RURAL and give nearest lown)	c. LENGTH OF STAY IN 16		utside corporate limits, write Ri	
Cumberland, Md.	I4yrs.	Cumberland	. wld .	
d. NAME OF HOSPITAL (If not in hospilot, give street of OR INSTITUTION		d. STREET ADDRESS	7	e. IS RESIDENCE ON A FARM?
125 Pennsylvania Ave	•	¶25 Penns	ylvania Ave	YES NO
3. NAME OF First DECEASED (Type or print)	Middle Di s	losi gman	4. DATE Mont	05 50
5. SEX 6. COLOR OR RACE 7. MARR		8. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS
W WIDOWE		August 30.	T878 /7/7 79 yrs.	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole	or foreign country)	12 CITIZEN OF WHAT COUNTE
during most of working life, even if retired) Retired Farmer also La	bor Railroad	Belingto	n.W.Va.	USA
13. FATHER'S NAME	****	14. MOTHER'S MAIDEN N		
George Digman		Amanda	Hill	
	SOCIAL SECURITY NO 17 1	NFORMANT	Addr	ess
The fact that are a grant or an area or an area or	22-19-7921 Fc	rrest Digma	n I25 Penns	ylvania Ave.
18 CAUSE OF DEATH [Enter only one couse per lin		-/	ý	INTERVAL BETWEEN
PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	Corona	27 /h	rombou	ONSET AND DEATH
4.20.1 DUE TO		, ,		
Conditions, if any, which ) (b)	Certain	reteroz	- 2	5-7.2
gave rise to immediate Couse (a), stating the under.				
lying cause last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVE	EN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO M
(IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRED	Enter noture of injury in P	art I or Part II of Hem 18.}	
Hour e. m. While	JURY OCCURRED 20e. PL/ Not while fec	CE OF INJURY (Home, form, tory, street, office bldg., etc.)	20f (City or town)	(County) (State
21. I certify Mat 1 attended the decease	ed from Jesser	23 19 58 to 5	June 25 1058	that I last saw the deceas
alive an Jeans 24 19 5	S and that death	,	M. from the couses of	nd on the date stated above
45	· ·		DORESS (Street, city or town, a	
SIGNATURE Clary C	Lund	W.D. Com	historiel - ,	ma /26/3
PHYSICIAN'S CLay E. Durre	tt 236 Virgi	nia ave. Cu	Laberland, d	•
220 BURIAL CREMATION 226. DATE THEREOF BURIAL ISPECIFY I 1-27-58	Hillcrest H		22d. LOCATION (City, town, or Cumberland,	(
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			TRAR'S SIGNATURE
Lames F. Scarrelli Cu	mberland, Md	DATE	158 CP	/ ~ //
			301	



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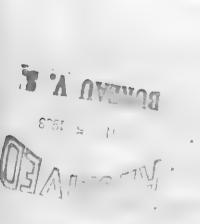
15M 9/55

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**CERTIFICATE OF DEATH** Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) o. COUNTY **b.** COUNTY Allegany MARYLAND Parvland Allegany b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) RURAL and give nearest town) 5mo.17 da. Corriganville Cumberland d. NAME OF HOSPITAL (If not in haspital, give street oddress)
OR INSTITUTION d STREET ADDRESS e. IS RESIDENCE ON A FARM? Svlvan Retreat YES NO TE 3. NAME OF **First** Middle 4. DATE Last Month Day Yeor DECEASED (Type or print) DEATH 10 58 Clav Emerick Jan. 5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years lost birthdoy) Months Doys Hours W. June. 19.1886 WIDOWED [ DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) U.S.A. ..ailroad Pa. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician Burns Joseph Emerick Annie 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address 705-09-5605 Ployd Emerick Corriganville offending No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which been signed -transit permit gove rise to immediate DUE TO couse (a), stating the underlying couse lost. burial-transit PART IL. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES T NO P 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW MYJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Doy, 20e PLACE OF INJURY IHome, form, 20f (City or lown) Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour a.m. While Nat while of work at work p. m. 21. I certify that I attended the deceased fram. ALLA. 7. 1958 that I last saw the deceased and that death accurred at 144 M, fram the causes and an the date stated abave. DIRECTOR ADDRESS (Street, city or town, stole) DATE SIGNED ACTUAL SIGNATURE P PHYSICIAN'S McLean James E. NAME (Type) FUNE 220. BURIAL, CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City town, or county) (State) TREMOVAL (Specify) Jan. 0, 155 dynaman Cemetery II as unally 0 23.-FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) ndu dil, 15M 10/57 DATE

the death

HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** Rea. Dist. No. director PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) a. COUNTY Filed MARYLAND b. COUNTY MARYLAND **ALLEGANY** ALLEGANY erol b. CITY OR TOWN (if autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) è RURAL and give nearest town]
CUMBERLAND 40 DAYS MT SAVAGE d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION
MEMORIAL HOSPITAL d STREET ADDRESS a IS RESIDENCE ON A FARM? YES NO P NAME OF First Middle 4. DATE Last Manth Day Year DECEASED THOMAS JOSEPH DEATH (Type or print) FARRELL JANUARY 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX B. DATE OF BIRTH AGE (In years last birthday) Months Dovs Hours WIDOWED [7] DIVORCED | MALE NOVEMBER WHITE papers. 10a. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State at foreign country) during most of warking life, even if retired) 12 CITIZEN OF WHAT COUNTRY? FROSTBURG, MD. U. S. AM. carbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME BEAL. SHELBY JEAN THOMAS JOSEPH FARRELL SE. avor 15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT Address CUMBERLAND, MD. MEMORIAL HOSPITAL CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) 24 ron tho treesmon DUE TO Conditions, if any, which gave rise to immediate DUE TO casse (a), stating the under-Ireches - Esophuspeal lying cause last PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES 🔀 NO 🗍 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) 20d. INJURY OCCURRED Doy, Year (County) (State) factory, street, affice bldg., etc.) G. m. Nat while at work at work . 1958 that I last saw the deceased 21. I certify that I attended the deceased from Mov. 2 and that death occurred at 7:40P M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL angui  $\nabla$ PHYSICIAN'S CALVIN HADIDIAN NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Mt. Savare, Md. Methodist Cemetery 10 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE Frostburg, Md. **VS A1S (4)** Durst. DATE ISM 9/S5

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19 CERTIFICATE OF DEATH

100	7	-4.	•		Reg. Di	st. No.						
	1	PLACE OF DEATH		2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COLINTY								
	/ ·	Allegany	MARYLAND	35 3								
	ŀ	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
		Cumberland	3 days	X Flints	X Flintstone							
L	(	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	et oddress)	d STREET ADDRESS		e. IS RESIDENCE ON A FARM?						
_		Sacred Heart Hos	spith?	Route 1		YES NO						
	(	NAME OF First DECEASED	Middle	Lost	4. DATE Month OF	Day Year						
	_	(Type or print) Nora	A	Fletcher	DEATH Jan	16 19 58						
	5. \$	6. COLOR OR RACE 7 MA	RRIED NEVER MARRIED	8. DATE OF SIRTH	9. AGE (In years IF UNDER lost birthday) Months	Days Hours Min.						
		PENISHE PILLUR	WED DIVORCED	Feb 26,1889	9 68 yrs.							
	10a.	. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	6. KIND OF BUSINESS OR INDE	JSTRY 11. BIRTHPLACE (State	or foreign country) 12 CIT	IZEN OF WHAT COUNTRY?						
		Housewife	None	Chaneysvil	lle, Pennsylvania	ILS.A.						
	13.	FATHER'S NAME		14 MOTHER'S MAIDEN N	YAME							
		Ames Tames			Bennett							
	15. ' (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? II	6 SOCIAL SECURITY NO 17	INFORMANT	Address							
				Pt. Chart								
		18. CAUSE OF DEATH [Enter anly one cause per	line for (o), (b), and (c).]			INTERVAL BETWEEN						
		PART I. DEATH WAS CAUSED BY:	Coronan (	colosin		ONSET AND DEATH						
		14 40 , IMMEDIATE CAUSE (o)	1	lesson								
		00010	Clarke	C. ass								
		Conditions, if ony, which (b) (b)	Cultural Second	74.7								
		couse (a), stating the under-										
		lying couse lost. ) (c)										
	CATION	PART II. OTHER SIGNIFICANT CONDITIONS	S CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN IN PAR	T I(o) 19. WAS AUTOPSY PERFORMED?						
		X Instelles,	Mull Hus			YES NO						
	CERTIFI	20g ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRI	ED. (Enter noture of injury in (	Part 1 or Port II of item 18 )							
	MEDICAL			LACE OF INJURY (Home, form sctory, street, office bldg., etc.	, 20f. (City or town) (0	County) (Slote)						
	MED	Hour o.m. While p.m. 19 at w	le Not while ark at work	sciory, sireer, office blog., etc.	*J							
		21. I certify that I attended the decea	ased from 1/13	19\8, to	1/16 1958 that I	last saw the deceased						
		alive an 1/1-5 . 19	m1,		7,M, from the causes and an t	he data stated above						
			, and mar dean		ADDRESS (Street, city or town, state)	DATE SIGNED						
		ACTUAL SIGNATURE	Wi.		, , , , , , , , , , , , , , , , , , , ,	1/1/13						
1		SIGNATURE	7 1	. M.D								
4		PHYSICIAN'S NAME (Type) Leo Lev. Jr.	M.D. 456 No.	nth Contro St	t. Cumberland, Md.	,						
	220	SURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY		22d. LOCATION (City, lown or county)							
	***	REMOVAL (Specify)	-		a	(State)						
	26	Burial 1/18/58	Hillcrest Bu		Cumberland, Maryl							
1		FUNERAL DIRECTOR'S SIGNATURE			D BY REGISTRAR'S SIG							
A.	-	John J. Hafer, Cumberl	and, Maryland	DATE	100 158 CUT 20	ui						

may be retained by the haspital or attending physician.

TO FUNCE, DIRECTOR: After this certificate has been signed by the attending physician and campletely files, in by the funeral director, page fished be detached for use as the burial-transit permit. Then please remove carbon papers. Page and 2 should be filed with the registrar prior to burial, crematian, or removal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 VS A15 (4) 15M 9/SS

Service Mal

REGISTRAR'S SEGNATUR

24. REC'D BY REGISTRAR

19

Hours

INTERVAL BETWEEN

ONSET AND DEATH

20, AUTOPSY

NO

(State)

YES |

FUNERAL DIRECTOR'S SIGNATURE

CITIZEN OF WHAT

COUNTRY.?

Days

IF UNDER 24 HRS

Md

A N MEMIN

DENVERON S. S. V. S. V. S. V. V. S. V. UARRIUS

• 41	CERTITION	TE OF PLATE	Reg. Dist. No.	
PLACE OF DEATH COUNTY Allegany	MARYLAND	2 USUAL RESIDENCE (Where deceased live a. STATE  Marvland	d If institution Residence before odmit b COUNTY Allegany	ission}
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Cumber land.	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate to Cumberland		wn)
d NAME OF HOSPITAL (If not in hospila), give stree OR INSULTATION 11 West 3rd St.	address)	d. STREET ADDRESS 11 West 3rd. St.,	ON	ESIDENCE A FARM?
3. NAME OF First DECEASED (Type or print) ANNA	Middle ELIZABETH	GLANTZER DEATH	Month Day Jan. 25.	Yeor 19 58
Female White WIDOW	VED X DIVORCED	Sept. 15, 1868   8	GE (In years of UNI FUNDER 1 YEAR IF UNI Manths Days Haurs	
100. USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired) Ilouscwife	Own home	(RY 11. BIRTHPLACE (Stote or foreign country Cumberland, Mary		T COUNT
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Conrad Wagner		Elizabeth Wild		
15. WAS DECEASED EVER IN U. S. ARMED FORCES?  [Yes, no, or unknown]  [If yes, give wer or dates of service]		FORMANT  - Elmer L. Brooks 13	W. 3rd St., Cumbe	Md erlan
<u> </u>		NOT RELATED TO THE TERMINAL DISEASE CO.	PERF YES [	S AJTOPSY FORMED?
OR CONTRIBUTING LI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	INJURY OCCURRED 20e. PLA	Enter nature of injury in Part I or Part II of  CE OF INJURY (Home, form, 20f. (City or to  ory, street, office bldg., etc.)		(Stote
21. I certify that I attended the decearative an actual signature A Dalla IV.	sed fram	occurred at $10.659\mathrm{AM}$ , from the		e deceas ted abo DATE SIGN
NAME (Type) Dr. L. B. Mathew 220. BURIAL (SPECIFY) 22b DATE THEREOF REMOVAL (Specify) 1/28/58	22c. NAME OF CEMETERY OR		(City fawn, or county) (Sto	ote)
23. FUNERAL DIRECTOR'S SIGNATURE	St. Lukes Ce ADDRESS Derland, Md.	metery Cumber  240. REC'D BY REGISTRAR	Land, 1Id.  24b REGISTRAR'S SIGNATURE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours ofter death. Page 4, may be retained by the hospital or ethending physician.

TO FUNEZAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fill the py the funeral director, page 3, ald be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1, and 2 should be filed with the regist or prior to burial, crematian, or removal, and in any event within 72 haust-after death.

VS A15 (4) 15M 10/57

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O HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



**ADDRESS** 

Piedmont, W.Va.

240. REC'D BY REGISTRAR

ON A FARM?

Year

NO E

(State)

(State)

245-REGISTRAR'S SIGNATURE

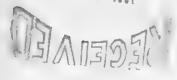
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23 FUNERAL DIRECTOR'S SIGNATURE



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VS A15 (4) 15M 10/57

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directo		PLACE OF DEATH  o. COUNTY  Al	Legany		MAR	YLAND	2. USUAL RESIDE	I.id.	ere decease	b COUNTY	677	e 只包1		n)
uld be f		b. CITY OR TOWN (IF RURAL ond give ne Frost)		ls, write	Lifetime		つつ	own (If a		rote limits, write R	URAL ond	give ned	arest town)	
d 2 sho		OR INSTITUTION	AL (If not in hospital, g		ocidress)		d. STREET AD		Main				e. IS RESID ON A F YES [	A
	ı	NAME OF DECEASED (Type or print)	Laura		Middle Jar		Gross		4. DATE OF DEATH	Mon 1	ih	4	y Ye	or
. rog		F F	6 COLOR OR RACE	WIDOW	RIED NEVER MARK	ED [	B. DATE OF BIRTH  1-1-18			9. AGE (In years los! 81 doy)	IF UNDE Months	R I YEAR Days	Hours	2
deoil	10c	during most of work	N (Give kind of work of ing life, even if retired) $NOPK$		Wind of Business Own home	OR INDU	Fros		_	ountry)		S.	F WHAT C	0
rs offer	13.	Thomas	Bath				14. MOTHER'S A			rne				
72 hau	15 (Ye		IN U.S. ARMED FOR If yes, gave wor or dates of se NONE		social security no None	_	MFORMANT s. Harr	у Ве	all,	Box 364	e" Fr h Ap	est;	burg.	,]
st permit. Then pleasend in any event within			mediote (	Se	per for (o) (b), and (c) accin where Se	on	nder	bel	ene	ker mia		IZTE	GRYAL BETY DET AND E	YE S
maval, c	FICATION		ER SIGNIFICANT CON	L	onili	ly	. 1				'EN IN PA	RT 1(o) 1	PERFORI	WE
atian, ar re	MEDICAL CERTI	200 ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I 20c. TIME OF INJURY Hour o.m.	MEDICAL EXAMINER)  Month, Day, Yea		NJURY OCCURRED	20e PL	D. (Enter noture of ACE OF INJURY (Hickory, street, office I	ome, form,	20f {City			(County)		(
a burial, cremo	ME	p. m.	of I attended the	of wor	ed from 2	-/-5	19.57, occurred ot	la/	/- 4 LM, from	the causes of reet, city or town,	nd on			
intor prior		SIGNATURE PHYSICIAN'S NAME (Type)	4.C.D.	ne 1 e 1	al, M	10.	M.D. 39	000	MY	TINI	57	Ma	1/4	1
	220	BURIAL, CREMATION REMOVAL (Specify) BUILLAL	1/6/58	F	Prostbur			1		on (City, 10/m. o	or county)		(State)	. 4

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00035 Reg. Dist. No.

write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO K Month Yeor 19 58 IF UNDER 1 YEAR IF UNDER 24 HRS years doy Months Days Hours 12 CITIZEN OF WHAT COUNTRY U.S.A. ith Apts, INTERVAL BETWEEN ONSET AND DEATH N GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED? YES NO 😡 (County) (State) 958 , that I last saw the deceased ses and on the date stated above n, or county) (State) uld. 246. REGISTRAR'S SIGNATURE 24o. REC'D BY REGISTRAR

BURIAN K. S.

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		MA	RYLA	ND STA	ATE DEPART	MENT OF HEA	LTH-BALTIA	MORE, 18	
-	-		2	7	CERTIFIC	ATE OF DEA	ATH '	Reg. D	ist. No.
./ '	PLACE OF DE	ATH LEGANY			MARYLAND	2. USUAL RESIDENCE  STATE  MARYLA!	(Where deceased tive	b. COUNTY ALL	nce before admission) EGANY
	RURAL ond	OWN (if outside corporagive nearest town)	ale limits, w	vrite c. LE	NGTH OF STAY IN 16	c CITY OR TOWN		limits, write RURAL and	give nearest town)
/	d NAME OF OR INSTITU	HOSPITAL MORTAL MORTAL & W	L"HOS	PITALES K AVES	5)	d STREET ADDRES			e. IS RESIDENCE ON A FARMS. YES NO P
3	NAME OF DECEASED (Type or print)		First		Middle	Lost	4. DATE OF DEATH	Month JANUARY	Day Year
5	SEX	6 COLOR OR	JOH RACE 7.		NEVER MARRIED	B DATE OF BIRTH		GE (In years IF UNDE	R 1 YEAR IF UNDER 24 HPS
-	MALE	WHITE		DOWED	DIVORCED [	1 44() 4 3	TULO	8'   yn.	Days Hours Min
	during most	Grocery	retired)		Rusiness or ind	ustry 11. Birthplace (	burg, Md.		TIZEN OF WHAT COUNTR
13	3. FATHER'S NA.	· ·				14. MOTHER'S MAID		17	
	WAS DECEAS	EDEVER IN U. S. ARME			L SECURITY NO 17.	INFORMANT	RY CHANE	Address	7 1 267
-	no	DE DEATH (Feb. of		1: 4	(-) (6) (1)	Mrs. Henr	<u>ietta Sn</u>	yder, Cumb	erland, Md
		DEATH (Enter only  I. DEATH WAS CAUSE IMMEDIATE CA	D 8Y: .USE (o)		-	cu lar ac	cident		INTERVAL BETWEEN INTERV
		to immediate	(b)	Arte	erioscler	otic vasc	ular dise	eas <b>e</b>	unknown
	lying couse	tottud tue nuger-	OUE TO(c)						
7017	PART	II. OTHER SIGNIFICAN	T CONDITI	ONS CONTRI	BUTING TO DEATH BL	T NOT RELATED TO THE T	ERMINAL DISEASE CO	NDITION GIVEN IN PAI	PERFORMED?
CEDITECAT	20g. ACCIDE OR CONTRIB (IF EITHER, N	NT WAS UNDERLYING UTING [] CAUSE OF C OTIFY MEDICAL EXAM	DEATH INER)	. DESCRIBE I	HOW INJURY OCCURR	ED. (Enter nature of injur	y in Port I or Port II o	f item 18 )	
MEDICAL	20c, TIME OF Hour	INJURY Month, Do e. m. p. m.	N	20d. INJURY While N	lat while	LACE OF INJURY (Home, actory, street, office bldg.	form, 20f (City or t	own) (	County) (State)
		fy that I attended	d the de	ceased fro		, 19 58, to	1-14		last saw the decease
	actual SIGNATURE	Para l	().	Bres	_, and that deaf			city or lown, state)	he date stated abov  DATE SIGNI  1–16-58
4	PHYSICIAN'S NAME (Type	Ralph	V. I	Balli	n, iD.	Cum	berland,	Md.	e with this till this time was the tilly some some till the party some some some some some some some some
2	BURIAL CRE REMOVAL (S BUT1				NAME OF CEMETERY	or crematory Cemetery		(City, town, or county) erland, M	(Stote)
23	. FUNERAL DIRI	F. Scarp		-	DORESS	240	REC'D BY REGISTRAR	246. REGISTRAR'S SI	
	7	ea Y. J				100			

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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Scarrelli, Cumberland, Md

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VS A15 (4)

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" by the funeral director,	and 2 should be fifed with	
the attending physician and campletely fill	980	yent within 72 hours ofther death
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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 105 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) a. COUNTY b. COUNTY Allegany Allegany Maryland b. CITY OR TOWN (If outside carporale limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest lown) McCool Vrs. McCool d NAME OF HOSPITAL Uf not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Queen St. 1 Queen St. YES NO NAME OF Middle 4. DATE Month Year DECEASED (Type or print) DEATH 22,1958 Rirdia Rice Hixenbaugh Jan. 19 5. SEX IF UNDER I YEAR IF UNDER 24 HRS 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years last birthday) 7. MARRIED T NEVER MARRIED T Months Feb. 22.1884 Hours Female DIVORCED T WIDOWED TE 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Murphey Co.Store Piedmont. W. Va. Retired Clerk U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Donaldson Rice Laura Walters (Rice) 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address Keyser W. Va. 236-20-9695 Miss Annie B. Rice. No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL SETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 2 hus DUE TO Conditions, If any, which ] gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO IT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED Day, Year (County) (State) factory, street, affice bldg., etc.) Hour a. st. Not while al work at wark p. m. 21. I certify that I attended the deceased from, 1946. ta 11 22 1958 that I last saw the deceased and that death accurred at \_\_\_\_\_\_\_\_\_M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) **ACTUAL** SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, tawn, or county) (Stote) REMOVAL (Specify) Jan. 24 Queens Point Kevser 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** AN 2 7 58 THE REOTSTRAR'S STONATURE VIKaskenTYN

BURINU V. S.

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by the funeral director, and 2 should be filed with may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely full page:

Juld be detached for use as the bursal-transit permit. Then please remaye carbon papers. Pages the registrat prior to bursal, cremation, or remayal, and in any event within 72 hours after death.

VS A15 (4) 15M 10/57

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

		90	GERTIN 197	TIE OF BEATT	•	Reg. Dist. No.
	PLACE OF DEATH O. COUNTY  ALLEGANY	4	MARYLAND	2 USUAL RESIDENCE (WIND D. STATE MARYLAND	b. COUNT	rian Residence before admission)  ALLEGANY
	CITY OR TOWN (If outside corporate RURAL and DIVERBERLAND,	MD.	3 DAYS	c. CITY OR TOWN (If o		RURAL and give nearest town)
	d. NAME OF HOSPITALMENOR LA OR INSTITUTION MEMORIAL & WAR			d STREET ADDRESS / 907 LOUIS	STANA AVE.	e IS RESIDENCE ON A FARM YES NO
	3 NAME OF DECEASED (Type or print)	MELVIN	Middle E	HOLLIDAY	I OF	ANUARY 18 19 58
	MALE WHITE	WIDOWED [			1887 9. AGE (In years last birthday) 70 yrs	Months Doys Hours Min.
	during most of working life, even if re Engineer _reti	etired)	Railroad		or foreign country)  1CtiWHRGINIA	12 CITIZEN OF WHAT COUNTRY U.S.A.
1	D. FATHER'S NAME  PAGE L. HOLL	IDAY		14 MOTHER'S MAIDEN N		· · · · · ·
ŀ				REBECCA SH		
	S. WAS DECEASED EVER IN U. S. ARMED (Yas, no, or unknown)  (If yes, give war or do)	tos of service)	5-07-6605	Mrs. Ralph		berland, ad.
	18. CAUSE OF DEATH [Enter only of PART I DEATH WAS CAUSED IMMEDIATE CAU	BY. ( )	or (0), (b), and (c).]	Vasenden	1 cceden	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which )	JE 10	you denter	Carde 1	1 osular Mise	an
	lying couse lost.	JE TO (c)				
ı	PART II OTHER SIGNIFICANT	CONDITIONS PON	REBURNISH O DENTH BUT	NOTATED TO THE TERMIN	NAL DISEASE CONDITION G	IVEN IN PART 1(b) 19. WAS AUTOPSY PERFORMED? YES NO
- 1	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMIN	ATH NER) 206. DESCRIBI	E HOW INJURY OCCURRE	D. (Enter nature of injury in P	Part I or Port II of item 18.)	
	20c. TIME OF INJURY Month, Doy, Hour a.m.	Year 20d INJUI While al work	Not while fo	ACE OF INJURY (Home, form, ctary, street, affice bldg., etc.		[Caunty) (Slote)
1	21. I certify that I attended	the deceased	from (lucy	1856, to 4	Mar Jang	that I last saw the decease
l	alive on Aug 7	1957	, ghd that death			and on the daty stated above
	ACTUAL SIGNATURE	enne	leyleth	MD. 1331/10	ADDRESS (Street, city or lown	DATE SIGNE
	PHYSICIAN'S G OVER	TON HIMME	LWRIGHT	Cecu	delangin	
	REMOVAL (Specify)  REMOVAL (Specify)  RUTIEL  1421	1958	BEST tist Co		Reynolds S	
1	James F. Scart	olli Cu	ADDRESS	240. REGS		ISTEAR'S SIGNATURE
	ocures T. Porgill	ال ولدلد	imberland.	Md _ DATE		

BUREAU V. R.

00043
Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	MARYLAND	2. USUAL RESIDENCE (W		L. If institution: Resid	tence before admission)	
b CITY OR TOWN (If Soutige carpolate limits, write	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If	ry la	mile pusite PLICAL pu	elle any	
(RURAL and give nearest town)	) / a	C. CITOKIONIKI	Do Januar Corporote II	0 m	O Joseph Towny	
d. NAME OF HOSPITAL (If not in hospital, give street a	iddress)	d STREET ADDRESS	- Lana	111	e IS RESIDEN	4CE
2/3 Wallace	Street.	2151	Walle	e ST	ON A FAR	SWS
3 NAME OF DECEASED (Type or print)	Middle	oward	4. DATE OF DEATH J	Month anuary	24 Pay Year 195	8
5. SEX TEMPLE (SLEEN WIDOWEI	THE REAL PROPERTY OF THE PARTY	March 27	18.73 9. AC	GE (In years IF UND 1 birthday) Month	ER 1 YEAR IF UNDER 24 1 Days Hours A	HRS. Vin
16a. USUAL OCCUPATION (Give kind of work done 10b. If during most of working life, wen if retired)	AND OF BUSINESS OR INDUS	TRY/11. BIRTHPLACE (STON	e or foreign county	MR 12.	W. S.A	JNTR
Daniel Den	son	14. MOTHER'S MAIDEN	NAME	Luson	Cumb.	M
15 WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, governor or dates of service)	Mone. 17. 18	so. man	in Me	les Address		
18. CAUSE OF DEATH [Enter only one cause per line	e far (a), (b), and (c) ]				INTERVAL BETWE	EN
PART 1. DEATH WAS CAUSED BY: MY O	cardial Failur	e			I day	
443X DUE TO						
Canditions, if any, which (b) Cer	ebral Embolus				8 days	
coese (a), stating the under-						
	ertension & My				13 year	
PART II OTHER SIGNIFICANT CONDITIONS CO	DATKIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE CON	IDITION GIVEN IN P	PERFORMEI YES NO	D?
OR CONTRIBUTING CAUSE OF DEATH	RIBE HOW INJURY OCCURRED	). (Enter nature of injury in	Part 1 or Part II af	item 18 }		
Hour a.m. While	Not while of work	CE OF INJURY (Hame, for lary, street, affice bldg., et	m, 20f. (City or ta	wn)	(County) (S	Stale
21. I certify that I attended the decease	ed fram. 1/16/58	, 19, to	1/24/58	, 19,that	I last saw the dec	eas
alive an 1/23/58," 19	, and that death	accurred at 6:40			the date stated o	ıbaı
ACTUAL .			ADDRESS (Siree), o		DATE S	IGN
SIGNATURE SIGNATURE	whom	м.D. <u>50 Ре</u>	rshing St	reet	1/25/	58_
PHYSICIAN'S NAME (Type) Samuel M. Jacobsor	M.D.	Cumbe	rland, Ma	ryland		
220. BURJAL, CREMATION, 226. DATE THEREOF	225. NAME OF CEMETERY OF	CREMATORY L (I, Cm.	22d. LOCATION	City, town, or county	(Stole)	
23/FUNERAL DIRECTOR'S SIGNATURE	ADDRESS (umb.)	M & DATE J	AN 2 6 '58	245 REGISTRAR'S	SIGNATURE	

DECENA IN 8

BUREAU V. &

DECENTED.



106 **CERTIFICATE OF DEATH** Reg. Dist. No. U0046 director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o STATE Md. b. COUNTY Allegants. o COUNTY Allegany filed b. COUNTY Allegany MARYLAND funeral vold be fi b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN Th c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) 40 yrs Luke d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d STREET ADDRESS e. IS RESIDENCE ON A FARM? un 320 Pratt 320 Pratt 42 YES NO P NAME OF First Middle Lost 4. DATE Manth Day Year Lula Elra DEATH (Type or print) Kellev Jan 18 1958 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED lost birthday) Months Days Hours Female White July 30 1878 WIDOWED A DIVORCED | 79 yrs. 100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY? W. Va. U.S.A. offer 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME g physicion remove cort David Sulser Naomi Beaver 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address attending p 2 Ann Kellev Luke. Md. 18. CAUSE OF DEATH [Enter only one cause per line for (0)\_(b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) 후 DUE TO ۵ Conditions, if any, which gave rise to immediate DUE TO couse (a), slating the underlying couse last. THE TION GIVEN IN PART 1(0) 19 WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CL PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING [ 20b DESCRIBE HOW INJURY OCCURRED, (Enler nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH 20e PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY 20d. INJURY OCCURRED Doy, Year (Stole) (County) factory, street, office bldg., etc.) Haur a m. While Not while at work ol work 1923, that I last saw the deceased 21. I certify that I attended the deceased fram. and that death accurred at alive an\_ M, fram the causes and an the date stated above. 08: DIRECT ACTUAL 70 PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOR . NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town for county) FGV V (State) TEMONAL Specify) 1/20/58 Philos Westernport O ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR 24b-REGISTRAR'S SIGNATURE Westernport, Md. VS A15 (4)

executed within 24 hours after death.

certificate be

requires that

HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU 7. E.

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VS A15 (4) 15M 9/55 I

MARYLAND	STATE DEPARTMENT	OF HEALTH-	-BALTIMORE,	18
33	CERTIFICATE	OF DEATH		

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						P	rad. bisi.	110.
1. PLACE OF DEATH o. COUNTY	Allegany	MARYLAN	- 11	C. USUAL RESIDENCE (Who o. STATE METY.		If institutions COUNTY		before admission)
b. CITY OR TOWN (IF RURAL and give nea C ULLD &I		Lile	Ъ	c. CITY OR TOWN (IF or Cum)	utside corporote li ber Land	nits, write RUR	AL and give	e nearest fown)
OR INSTITUTION	t (If not in hospital, give stre Cuforu Stre			d. STREET ADDRESS	aforu S	treet		* IS RESIDENCE ON A FARM? YES NO.L.
3. NAME OF DECEASED (Type or print)	Elizabet	h Louis	se	Korns	4. DATE Ja	nuary		29 Yeo58
·emale	V. hite   wipo	RRIED NEVER MARRIED [	] A.	prild 106	7 109	birthdoy) N		YEAR IF UNDER 24 HRS. Oys Hours Min
during most of works	(Give kind of work done 10 jg life, even if retired)	LOUSE WIFE	NDUSTR	Cumberl	ar foreign country)	магу да		EN OF WHAT COUNTRY
13. FATHER'S NAME	William Kni	eriem.		14. MOTHER'S MAIDEN N. Lartna	weiama	n		
15. WAS DECEASED EVER	IN U. S. ARMED FORCES? 1 yes, give wor or dates of service)			ormant s Viola Ali	oriont,	Cumb 6		مالي رياد
	DUE TO y, which (b) (b)	line for (o). (b). and (c).] Arterioscle	ero	tic Heart	D <b>is</b> eas <b>e</b>			INTERVAL BETWEEN ONSET AND DEATH L YEAR
PART II. OTHE	R SIGNIFICANT CONDITION	SCRIBE HOW INJURY OCCU					IN PART 1	(a) 19. WAS AUTOPSY PERFORMED? YES NO
	Month, Day, Year 20d. Whi		r. PLACI foctor	E OF INJURY (Home, form, ty, street, office bldg., etc.)	20f. (City or to	vn)	(Cou	unity) (Stote)
21. I certify that alive an less actual signature		Seed from 6-20 58, and that de	ath a	ccurred at	M., fram the ADD <b>RESS</b> (Street, c	causes and	d an the	st saw the deceased date stated above DATE SIGNED
17.5	alph W. Ball			Cumberl	and, Md	•		1-27-58
220. BURIAL, CREMATION REMOVAL (Specify)	∮an 25 ±950		Y OR C	eetery	Cu., b er	land	Dia	(Stote)
23. FUNERAL DIRECTOR'S	SIGNATURE 1. N.1. nt	Appress er Le	ina	DATE JAN	BY REGISTRAR	REGISTR	ar's sign.	AFURE



3 .V UABRUE

200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20c TIME OF INJURY Month, Day, Year Hour a.m

21. I certify that I attended the deceased from 19 S S

, and that death accurred at 6:43F \_M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED

ACTUAL SIGNATURI PHYSICIAN'S

5 Washington St.

REMOVAL (Specify) Burial

NAME (Type)

CERTIFICATION

220 BUR AL, CREMATION, 22b. DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery

22d. LOCATION (City, lawn, or county) Cumberland, Maryland

ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE Charles L. George Cumberland, Md.

WYLLE FAW

240. REC'D BY REGISTRAR 245 REGISTRAR'S SIGNATURE

VS A15 (4) 15M 10/57

FUNE

director

filed

unerol o

attending |

permit.

gned !

1 PLACE OF DEATH ALLEGANY

DECEASED

FEMALE

5. SEX

(Type or print)

13. FATHER'S NAME

No.

BUREAU K. &

8361 IE NAL

DE VEDENTED

61

LADVIAND CTATE DEDARTMENT OF HEALTH DAIRMANDE .					
ARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1	ENT OF HEALT	DEPARTMENT	ARYLAND STATE	E DEPARTMENT OF HEALTH—BALTII	MORE, 18

**CERTIFICATE OF DEATH** 

00049

		89	CERT	IFIC.	ATE OF [	EATI	H		Reg. Di	st. No.	123
1 PLACE OF D					2. USUAL RESI			d lived. If instituti		ice before admis	sion)
	Allegan		MAI	RYLAND		Mar	yland	b. COUNTY	A	llegan	У
6 CITY OR 1	OWN (If outside corporate ling give nearest town)	orts, write	C LENGTH OF STA	Y IN 1b	c. CITY OR	TOWN (If a	outside corpo	prote limits, write R	URAL and	give nearest taw	n)
F	rostburg		12 hrs		l x	Fro	stbur	g. Rout	e l		,
d NAME OF	HOSPITAL (If not in hospital, UTION	give street	address)		d. STREET A	DDRESS				e, 15 RE	SIDENCE A FARM?
N	liners Hospi	tal									NO X
3. NAME OF DECEASED	F	irs†	Midd	le	Los	1	4. DATE	Mar	ith	Day	Year
(Type or prir	717777		(MOR		LAYM	AN	DEATH	Janu	ary	14,	19 58
5. SEX	6 COLOR OR RACE	7 MARI	HED T NEVER MARI	RIED 🔲	B DATE OF BIRT			9 AGE (In years lost birthday)		TYEAR IF JND	
femal		WIDOW			8-20-1			77 yrs.	Months	Days Hours	Min
10e USUAL OC during mos	CUPATION (Give kind of work t of working life, even if retire	dane 10b.	KIND OF BUSINESS	OR INDU	STRY 11 BIRTHPE	ACE (State	ar fareign c	auntry)	12. CIT	IZEN OF WHA	COUNTRY
nouse	work		own home		Peni	nsylv	vania			U.S.	Α.
13. FATHER'S N.					14. MOTHER'S		_				
	ph C. Morga				E:	llen	Cole	man			
15. WAS DECEA	SEDEVER IN U. S ARMED FO	RCES? 16.	SOCIAL SECURITY N	10. 17 1	NFORMANT			Add	ress		
			none	Jo	seph La	aymar	n, Rt	. 1, Fr	ostb	urg, M	d.
	OF DEATH [Enter only one of		ne for (a), (b) and (c	1]		,				INTERVAL B	ETWEEN
PAR	T I. DEATH WAS CAUSED BY:	0) (60	cele tip		intre	chart	-/ and	lene		ONSET AND	
	DUE TO		-/			1	/				1
	ns, if any, which	b1 /2/	y preste	1200	in Co	- de	100	arre .	los	£700	y and
	e to immediate DUE To		-								
lying cou	se last.	(c)	treere	2							
CATION PAR	II OTHER SIGNIFICANT CON	VDITIONS (	ONTRIBUTING TO U	EATH BUT	NOT RELATED TO	THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PAR	T 1(a) 19. WAS	AUTOPSY DRMED?
	1 sec		ed Cen	els.	et fa	200	los	licer	Len?		NO [
☐ OR CONTR	ENT WAS UNDERLYING DEATH	206 DES	CRIBE HOW INJURY	OCCURRE	D. (Enler nature a	f injury in l	Part I or Por	t II af item 18.)			
	NOTIFY MEDICAL EXAMINER)										
20c TIME O	F INJURY Month, Day, You a. m.	ear 20d. II While		20e, PL	ACE OF INJURY (	Home, farm	20f. (City	or lawn)	(<	County)	(State)
WE	p. m. 19	of wor	Nat while			oragi, cro					
21. I cer	lify that I attended the	e deceas	ed from	on	1956	, to(	kan 1	14, 195	r that I	last saw the	decense
alive an			/ /	t death			M. from	n the causes o	ind on t	he date stat	ed obove
	10	//	- "					treel, city or town,			ATE SIGNE
SIGNATURE	( the	Re	ione a		M.D	E. N	Main	St.			
PHYSICIAN	. /										
NAME (Typ	John Dev	ers,	M. D.			Fros	stbur	g, Md.			
22a. BURIAL, CE	EMATION, 226 DATE THERE		22c. NAME OF CEA				22d LOCA	TION (City lawn, o	or county)	(Sta	te)
Burfa	1 1-17-5	8	F'bg. M	emor	ial Par	rk	F	rostbur	g,	Md.	
	RECTOR'S SIGNATURE	_	ADDRESS				D BY REGIST	RAR 265 REGIS	STRAR'S SIG	NATURE	
J. R	. Durst,	Fro:	stburg, 1	Md.		DATE JA	IN 1	18	مسرير سار		

BUREAU V. 8.

DE CEID A FI

's 'A nyomig

Main Frostburg Md PATE

e. IS RESIDENCE

Dov

12. CITIZEN OF WHAT COUNTRY

ONSET AND DEATH

HRUL

WAS AUTOPSY PERFORMED? NO D

(State)

DATE SIGNED

(State)

Md.

Days

(County)

U.S.A.

ON A FARM?

YES NO I

Year

19.58

15M 10/57

REAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Ttem 3 Filmu2/6 3-11-58 et EALTH DEPT. PLACE OF DEATH a. COUNTY Allegany g. STATE W.Va. MARYLAND c. LENGTH OF STAY IN 16 Cumberland Fort Ashby 2davs d. NAME OF HOSPITAL OR INSTITUTION (If not 'n hospital, give street address) d STREET ADDRESS Memorial Hospital Fort Ashby W. Va 3. NAME OF 4 DATE DECEASED Idller Nettie DEATH (Type or print) 9 AGE (In years 5. SEX 6. COLOR OR RACE 7. MARRIED THE NEVER MARRIED THE B. DATE OF BIRTH white WIDOWED [7] DIVORCED [7] Memale 100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE Housewlie even if retired) Flintstone, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary V.Lashlev Amos R.Dicken 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT in pencil in Item 18. Given's Office along with for buriot-transit permit. Fig. If yes, nive war or dates of service None 18. CAUSE OF DEATH [Enter only one cause per I ne for (o), (b) and (c).] per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 4/6.1 DUE TO of body, about 80 % Conditions, if any, which gave rise to immediate cause DUE TO (a), stoting the underlying cours jost. 63 20g, EXTERNAL CAUSE WAS PRIMARY TO BE CONTRIBUTING TO CAUSE OF DEATH. 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, form. 120f. (City or fown) foctory, street, office bldg., etc.) While 28 19 58 at work 17 of work 19 PIREC www DID. NO ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER T H.V.Deming M.D NAME (Type) 22c NAME OF CEMETERY OR CREMATORY 22a. BURIAL CREMATION, 122b. DATE THEREOF 87. REMOVAL (Specify) Old Pine Cem. 40 Buria 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 246 REC'D BY REGISTRAR VS. A15ME

Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) **b** COUNTY Mineral c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) IS RESIDENCE ON A FARM? YES NO IR 19 58 Jan. IF UNDER LYEAR IF UNDER 24 HES Months 12 CITIZEN OF WHAT COUNTRY? U.S.A. Memorial Hospital records INTERVAL BETWEEN CINSTI AND DEA H Shock also 1st.2nd & 3rd. degree burns hrs. PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NOT 20th DESCRIPTION RULL DECRETARIES, Aur. CLEARAIL CLOTHES, Caught fire. lighted match fell accidentally in her house coat (County) (State, Fort Ashhy Mineral W. Va. 21. I certify that I took charge of the remains described above, held on Autopsy 🔲, Inspection 🙀 İnquiry 📑 opinion death resulted from: Natural causes . Accident . Suicide . Hamicide . Undetermined manner DATE SIGNED DEPUTY MEDICAL EXAMINER # Jan. 30-1958 22d LOCATION (City, fown, or county) (State) Purgittsville.W.Va. 246 REGISTRAR'S SIGNATURE Scarpelli Cumberland . Md . DATEEB 3

EVELLIOU V. S.

MARIOSOFT

n by the funeral director, and 2 should be filed with may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic an and completely filly page:

July be detached for use as the burial-transit permit. Then please remave carbon papers. Page the regionar prior to burial, cremation, or remaval, and in any event within 72 haurs after death-VS A1S [4] 15M 9/55

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

_		3	7	CERTIFI	CA	IE OF D	EAIL	B .			Reg. Di	st. No.		
۱.	PLACE OF DEATH A LLEGANY					2 USUAL RESID		ere doceate		If institution		ce before	odmiss	on)
	RURAL and give nea	outside corporate limits, rest town)	, write	c. LENGTH OF STAY IN	Ъ	e CITY OR T			rote lim	ils, write RU	IRAL ond	give neare	st lown	)
	CUMBERLAN			I DAY			RLAND							
	OR INSTITUTION	L (If not in hospital, giv	e street o	(ddress)		ROUTE		LIAMS	ROA	D			ON A	FARM?
3	NAME OF DECEASED	First		Middle		Lost		4. DATE OF DEATH		Mont	h	Day	,	eor
_	(Type or print)	MARY		A.		LITTLE		DEATH		JANU		15.		9 58
	FEMALE	A 45 I A 75 or	7. MARRI VIDOWEI	ED 💢 NEVER MARRIED  DIVORCED [		MAY X 5	14.1	.873	loste	(in years by-thday) OB Avrs.	Months	Doys I	Hours	Min
100	during most of worki	N (Give kind of work doing life, even if retired)	one 105. I	CIND OF BUSINESS OR I	NDUST	RY 11. BIRTHPL	ACE (Slote	1	ountry)			IZEN OF	WHAT	COUNTRY?
	Housewife			Own Home		MA	RYLAN		int	stone		J. S.	AM	ERICA
3.	FATHER'S NAME	14 CVCCN		n		14. MOTHER'S								
		JACKSON IN U. S. ARMED FORCE	ren la e	COLUMN TECHNONIC I	27 skil	FORMANT JA	NE FU	KLUW		Addre				
(Ye		yes, give wor or dates of sen	nce)	None		EMORIAL	HOSPI	TAL			MBERI	LAND,	MD	•
_		H [Enter only one cour			11	7 1.	1	-				INTER	VAL BE	WEEN
	PART I. DEAT	H WAS CAUSED BY:	Kr		1//2	Mry	les					ONSE	AND	DEATH
	40	DUE TO	0		P									0
	Conditions, if an	y, which ) (bl.	UK	enne							_	1/ -	w	4,
	gove rise to im cotse (a), stating th	mediate ( DUE TO	11			11 0	/	//						<i>7</i> '
	lying couse lost.	(c)_	Ste	meken	6 -	1011	1	Re	2			12	ac	er
CATION	PART IL OTHI	R SIGNIFICANT COND	ITIONS C	ONTRIBUTING TO DEATH	I BUT N	OT RELATED TO	THE TERMI	NALOTSEAS	E CONE	ITION GIVE	N IN PAR		PERFO	NO D
CERTIFI	20g. ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A	UNDERLYING 2 2 CAUSE OF DEATH MEDICAL EXAMINER)	ЮЬ DESC	RIBE HOW INJURY OCC	URRED	(Enter noture of	injury in f	ort I or Por	l II of it	em 18.)			_	
CAL	20c. TIME OF INJURY	Month, Day, Year				CE OF INJURY (			or tow	n)	(4	County)		(Stote)
MED	Hour o. m. p. m.		While at work	Not while ot work	/	ory, street, office	Diog., etc.	1	1		-			
	21. I certify the	it/ attended the	decease	d from 1/16	15.1	/ 19	, ta/	1 15	152	, 19	,that L	last sav	the	deceased
	alive an	15,520	., 12	and that de	eath (	occurred gt.	9:5	OW, fran	n the	causes a	nd an t	he date	state	d above.
	ACTUAL SIGNATURE	MAA		Summer	,tı			ADDRESS (S	rel, cil	y or lown, s	tole]			TE SIGNED
	1	11 6 6 60	26 10	Comment of the second	- PRI		=100=1A			3-2-	- fest	#	i definida	
	PHYSICIAN'S NAME (Type)	OR. R. J. W	/ILLI	AMS		;								
22	BURIAL, CREMATION REMOVAL (Specify)			22c. NAME OF CEMETE	~			-		ity, town, or	" -		(Stote	1
	Burial		1958	Greenmoun	t C	emetery		Cumbe			aryl			
/J.	FUNERAL DIRECTOR'S		,	ADDRESS		,		BY REGIST	RAR	24b. REGIST	TRAR'S SIG	GNATURE		
	Vohn al.	Hater VIII	mher	land. Marv	Ian	n l	DATE			E		1		

Ell IVII as "

8 .. NA

Peters

**ADDRESS** 

Hancock Washington

246-REGISTRAR'S SIGNATURE

24g. REC'D BY REGISTRAR

Md

haurs ofter death. ero within 24 executed à DIR 0

23. FUNERAL DIRECTOR'S SIGNATURE

BUREAU V. S.

DE VIEW.

**CERTIFICATE OF DEATH** 

Rea. Dist. No.

		U	<del></del>		He St. Divil. I	-0,
1. PLACE OF DEATH a. COUNTY	ALLEGANY	MARYLAND	2 USUAL RESIDENCE (WHO o. STATE MARYLAN	b. COUN		
b. CITY OR TOW!	(If outside corporate limits, write	c. LENGTH OF STAY IN 16	CITY OR TOWN (IF o	outside corporate limits, write	RURAL and give	nearest lawn)
	ARTON	12 DAYS	X BARTON.			
OR ME MOR	PITAL (If not in haspital, give street		, d. STREET ADDRESS			e. IS RES DENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	NE LSON	Middle O.	LLEWELLYN	4. DATE OF DEATH	fonth	26 1 <sub>9</sub> 58
5 SEX MALE	WHITE WIDOW		9-14-1695	1 Out On Mody	Months Doy:	AR IF UNDER 24 HRS  Bours Min.
antud most os A	ATION (Give kind of work done 10b rorking iffe, even if retired)  ader man - W. Va		MARYLAI		U.S.	OF WHAT COUNTRY?
13 FATHER'S NAME			14 MOTHER'S MAIDEN N	IAME		
LLEWELL'	YN, FRANCIS		MEESE,	IDA		
Yes Yes	VER IN U. S ARMED FORCES? 16.		informant EMORIAL HOSPIT		ddress	
	DEATH (Enter only one couse per li DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	ne for (a), (b), and (c)]	Fronker	ytic, al	nte 6	NTERVAL BETWEEN INSET AND DEATH
gove rise to cause (o), statis lying cause to	immediate DUE TO					
ZOG. ACCIDENT OR CONTRIBUTIO (IF EITHER, NOTE	OTHER SIGNIFICANT CONDITIONS	conic Valrula	Lent Diser	se, Rheumat	4	PERFORMED?
	WAS UNDERLYING THE 206 DES NG CAUSE OF DEATH FY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in I	Port I ar Port II of item 18.)		
ZOc. TIME OF INJ	n. While	NoI while	ACE OF INJURY (Home, form ctary, street, office bldg., etc		(Count	
21. I certify alive an	that I attended the deceas	ed from 19h.	19 <u>5</u> 5, to 2	P.M. from the causes	that I last and an the c	saw the deceased
ACTUAL SIGNATURE	v. aipor Va	n Olmer	MD. /72 5	ADDRESS (Street, city or tow	in, state)	28 Jass
PHYSICIAN'S NAME (Type)	DR. W. VAN ORM	ER	Cump	elord (7	rel.	
Burial	Jan. 30, 1958			22d LOCATION (City, town	yland	(State)
23 FUNERAL DIRECTO		ADDRESS	24o REC'I		GISTRAR'S SIGNAT	TURE
E. S. Boa	al. Westernport.	Marvland.	DATE EL	TH 3 4 158 ( )/	00 1	1

cate be executed within s after death. Page 4

the funeral director, should be filed with

ined by the haspital ar attending physician.

DIRECTOR: After this certificate has been signed by the attending physician and campletely fill be detached for use as the burial-transit permit. Then please remave carban papers. Pager priar to burial, crematian, ar remaval, and in any event within 72 hags after death. OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within

BUREAU K. S.

NECELVED 1958

INTERVAL BETWEEN ONSET AND DEATH

day

PERFORMED? YES NO TK

(Stote)

DATE SIGNED

1/6/58

(State)

(County)

director 1. PLACE OF DEATH filed o. COUNTY Allegany funerol ild be fi b. CITY OR TOWN (If outside corporate limits, write g RURAL and give negrest town) Cumberland d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION Christie Road NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED lost birthdoy) Months Female Whi te WIDOWED | DIVORCED [ June 1878 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? after deoth during most of working life, even if retired) West Virginia Housewife carbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician Gooding George Washington Margaret Spicer 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Nο Mrs. Richard Aaron Christie Rd- Cumb None 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] ā PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Myocardial Failure DUE TO ģ Conditions, if ony, which Auricular Fibrillation and Hypertension gove rise to immediate **DUF TO** ā cattse (a), stating the underlying couse lost. @Ceberol Wascular Accident (embolus) PART IL. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19, WAS AUTOPSY 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) a. m. While Not while at work at work p. m. 19 50 to January 4 19 58 that I last saw the deceased November 21. I certify that I attended the deceased from January and that death occurred at 8:30 PM, from the causes and on the date stated above. alive on DIRECTOR ADDRESS (Street, city or town, state) ACTUAL 50 Pershing Street D PHYSICIAN'S Samuel-M. Jacobson. Cumberland, Manyland FUNE 22b. DATE THEREOF BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Jan 1958 St Patricks Cemeters Buria Cumberland Maryland 0 23. EUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a, REC D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) Cumberland

death. 8 HOSPITAL 0

WINNERS A. S.

CECEDAIN

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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2 . . . .

DEALERA

BUREAU V. S.

DECENARIO

MARYLAND

Allegany

2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission)
o. STATE
b. COUNTY A 3 7 and 3 7

Maryland

b. COUNTY

Pinge

1, PLACE OF DEATH

Allegany

remuires that the death contificate be enecuted within 21 hours after death TO FUNER poge the re

VS A15 (4) 15M 9/SS

	RURAL and give ne	outside corporate limits, write orest town)  1 and	3/23/57	il '	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Cumberland						
	d. NAME OF HOSPITA	AL (If not in hospital, give stree		3F, Benjamin Benaker Apts.							
3.	NAME OF DECEASED (Type or print)	Fior Ralph	Middle Raymond	Matthews	4. DATE Month OF January	22, Year 58					
S.	Male Male	6. COLOR OR RACE 7. MAI	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 6/25/1896	Land to the day of the state of	1 YEAR IF UNDER 24 HRS Doys Hours Min.					
١.	during most of work	N (Give kind of work done 10thing life, even if retired) Barber	. KIND OF BUSINESS OR INDU	The state of the s		J. S. A.					
13	FATHER'S NAME	arry Matthe			Jackson						
15	WAS DECEASED EVER	IN U.S. ARMED FORCES? It yes, give wor or dates of service)	S. SOCIAL SECURITY NO. 17.	Allegany Coa	ox 599 Address Cur unty Infirmary Re	mberland, Md.					
		TH (Enter only one couse per TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	line for (o), (b), and (c).}	ie my	cerdition	INTERVAL BETWEEN ONSET AND DEATH					
.,	Conditions, if on gove rise to in couse (o), stating t lying couse lost.	he under (c)	Bron	chiecta	sis.	?,					
RTIFICATION	PART II. OTH	Chro	nie her	opritio	NAL DISEASE CONDITION GIVEN IN PART	PERFORMED?					
Ü	(IF EITHER, NOTIFY	CAUSE OF DEATH	SCRIBE HOW INJURY OCCUPAR								
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	While		ACE OF INJURY (Home, form actory, street, office bldg., etc.	(C	county) (State)					
Ü	21. I certify the alive on 1/2	at 1 attended the deced 21/58 19			AM, from the causes and an the ADDRESS (Street, city or town, store)	ast saw the deceased the date stated above.  DATE SIGNED  1/22/58					
	PHYSICIAN'S NAME (Type)	Dr. James E	. McLean		land, Maryland						
22	BURIAL, CREMATION REMOVAL (Specify)	v. 226. DATE THEREOF	7 Rose Hill Co	OR CREMATORY metery	22d. LOCATION (City, town, or county) Cernhace and	(Stote)					
23 -d	FUNERAL DIRECTORS	n, Inc. Cu	ADDRESS	Mel. DATE	D BY REGISTRAR 246. REGISTRAD'S SEC	KIATURE					



Mr J Ha	,		. 43 CERTIFIC	CATE OF DEATH Reg. Di	st. No. 00050
director,	28	1.	PLACE OF DEATH o. COUNTY Allegany MARYLAND	2. USUAL RESIDENCE (Where deceased lived if institution Residen o STATE Maryland b. COUNTY Alle	gany
eath erol	Tan 3	Г	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		give nearest town)
fun buid		-	Cumberland 20 days	Grantsville ////	. /
by the	10		d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Sacred Heart Hospital	d STREET ADDRESS	o, is residence on a farm? yes \( \text{NO } \text{ID}
n 24 ho		3.	NAME OF First Middle DECEASED (Type or print) Hester	McKenzie 4. DATE Month Of DEATH 1/	26 19 58
d within olerely trs. Page		5.	Female   6. COLOR OR RACE   7 MARRIED   NEVER MARRIED   DIVORCED   DIVORCED	lost birthdov) Manhall	Doys Hours Min.
execute nd camp in pape deoth.		100	o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	USTRY 11. BIRTHPLACE (State or foreign country) 12 CII	L.S. 17
icion ar e corbo	1	13.	William W. McKenzie (deceased)	Elizabeth Matthews(deceased)	
certificating physician remove 72 poors			WAS DECENSED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 (If yes, give wor or doles of service)	Pts. chart	
ottendin please within			18 CAUSE OF DEATH [Enter only one couse per line for (a), (b) and (c) ] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		INTERVAL BETWEEN ONSET AND DEATH
that the by the t. Then y event			442X DUE TO helpland	le-a-i	20 days
equires an. signed tit permi			gove rise to immediate cause (a), stating the under- lying cause lost.  (b)  Cyfrotto  (b)  Lyfrotto  (c)  Lyfrotto  (c)	on - Her her fewer Carde	ovarente.
physicic physicic nas been iol-trans	Ĵ	CATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BE	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	T 1(0) 19 WAS AUTOPSY PERFORMED? YES NO
HAN: T tending ficote h the but		L CERTIF		RED-(Enter-pature of injury in Port I or Port II of Item 18.)	X
PHYSIC of or at this cert r use as emation		MEDICAL	20c. TIME OF INJURY Month, Doy; Year 20d INJURY OCCURRED Hour o. m. P. m 19 of work of work	PLACE OF INJURY (Home, form, 20t. (City or Town) (Infoctory, street, office bldg , etc.)	County) (Stole)
Abing hospital After the found or a vial, cr			21. I certify that I attended the deceased from. // Calive an // 2 G 19 and that deat	th accurred at $7^{20}$ M, from the causes and on t	last saw the deceased
OR ATTEN ned by the DIRECTOR: d be detoc prior to bu	ź		ACTUAL SIGNATURE ACLUS CONTROLLAR SIGNATURE	ADDRESS (Street, city or town, stote)  M.D. SOUSCIPPING	DATE SIGNED
retain PAL DI could	*		PHYSICIAN'S NAME [Typo] S.G. Weisman 59 Green	Street., Cumberland Md	
TO HOSE  may be TO FUNE page the re-		220	PUNERAL DIRECTOR'S SIGNATURE 22c NAME OF CEMETERY	OR CREMATORY  22d LOCATION (City, town, or county)  CHAN IS ( LL I C)  24d. REC'D BY REGISTRAR 24b REGISTRAR'S SM	(Stote).
VS A15 (4) 15M 9/55	٠		All of Youman Hantsvelle	Dest oateAN 2 9 '58 Ull A educe	<u> </u>

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

DECENTED.

BUREAU V. S.

DR STATE		MEDICAL EXAMINER'S	CERTIFICATE OF DEATH Reg. Dist. No.
LTH DEPT.	1, [		USUAL RESIDENCE (Where deceased lived If institution, Residence before admission)  • STATE  • COUNTY  • All compare
of He	ь	CITY OR TOWN (" outs de corporare limits, wiste BURAL C. LENGTH OF STAY IN 16 CUT. OF LAND TEC	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Circuland
7	d	NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress)	d STREET ADDRESS  e IS REC DENCE ON A FARM
D.O.		THE PART OF THE PA	13 Oak 3t. YES NO NO
			enzie death Jan. 15 19 50
	5. 5	The state of the s	TE OF BIRTH 9. AGE (In your IFUNDER TYEAR IF UNDER 24 HR
	10		in. 27-1909 48 m
- \		usual Occupation (Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY during most of working ide, even if retired)  Unstadian - calley - S. Tire Co.	11. BIRTHPLACE (Stote or foreign country)  Cresantoun, id.  IT. 3.1.
1 )	13.		MOTHER'S MAIDEN NAME
and the same of th	15	Jones Albert . C. enrie WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFOR	
		no of unknown 1 (If yes, give wer or deles of tervice) 2114-77-1703 (VIL)	
	NOT	(a), sloting the underlying course fast.  DUE TO  (c) also had - Cardiac	anterio  interto cerebral artery
	CERTIFICATION	200. EXTERNAL CAUSE WAS 200 DESCRIBE HOW INJURY OCCURRED (Enter	YES IN NO
	CERT	PRIMARY O or CONTRIBUTING O	nuive or injury in rott to trest is at them to j
	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 Of work of	FINJURY (Home, farm, 20f. (City or lawn) (County) (State)
		21. I certify that I taak charge of the remains described above,	held an Autopsy , Inspection A, Inquiry , and in my
		opinion death resulted from: Natural causes 💽 Accident 🔲,	Suicide , Hamicide , Undetermined manner
		ACTUAL SIGNATURE A. M. Derning M. D. M.	D. CHIEF MEDICAL EXAMINER   DATE SIGNED
		EXAMINER'S	ASSISTANT MEDICAL EXAMINER
	220	NAME (Type) 1. V. De ing 11. D.  BURIAL CREMATION 226 DATE THEREOF 722 NAME OF CEMETERY OF CREAT	MATORY (22d LOCATION (City, Lown, or county) (State)
		Burial 1/18/58 St. Hary's Ceme	
		Charles L. George Cumberland, Maryland	DATEJAN 20'58 Well-eauch

BUILD R. E.

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07MEDICAL EXAMINER'S CERTIFICATE OF DEATH delay is necessory, please exerai director. Page 4 should be Rog. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where decemed lived of institution: Sesidence before admission) Crem a. COUNTY Allegany g. STATE XNEKVIENA MARYLAND buriál, o b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest lawn) and give negrest town RURAL Near Oldtown REFAIXNEAR vears Addison d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 1-2 YES NO IX NAME OF First Attricts 4. DATE Last Month Day Year DECEASED H on the fune (Type or print) Miller 58 Chester F\_anklin DEATH January 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In years IF UNDER TYPAR IF UNDER 24 HRS. fact birthday) Months 45 WIDOWED [7] DIYORCED [ Dec 31. 1912 Male 100. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF PHENDESTOR INDUSTRY ) 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Sausman Connelsville, Pa. Richard Edgerman 13. FATHER'S NAME TOY 14. MOTHER'S MAIDEN NAME Poges Florence Kemp Franklin 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs. Harry Rishebargaer Addison, Pa. No 149-09-6381 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: form Mvocardial Infarction Sudden IMMEDIATE CAUSE (a) alang with for buriof-transit **DUE TO** Coronary occlusion due to coronary scherosis Candilians, if any, which gove rise to immediate cause DUE TO (a), stating the underlying cause last. (c) Cardiac hypertrophy pending in O PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. 50 WAS AUTOPSY PERFORMED? YES 🐧 NO F 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | should 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or Iown) (County) (Slole) rriting the wield Medical E. R. Poge 3 sh factory, street, affice bldg., etc.) Nat while of work of work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy XI, Inspection X, Inquiry XI, and find that to the Chief I death resulted from Natural causes T Accident Suicide . Homicide , Undetermined cause ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASS ASSISTANT MEDICAL EXAMINER DEPLITY H.V.Deming M.D. January 4.1958 DEPUTY MEDICAL EXAMINER NAME (Type) BURIAL CREMATION, 1226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Slate) REMOVAL (Specify) 0 ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE #40. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE A VS. A15ME(5) Richebargar F Director neral 5M 9/55



BUTEAU V. &

00063

CERTIFICATE OF DEATH

-		40					Re	g. Dist. I	No.		
	. PLACE OF DEATH			2 USUAL RESI	DENCE (When	e deceased lived.		lesidence b	efore odmi	sion)	
	a. Coonii	ALLEGANY	MARYLAND	o. STATE	RYLAND		. COUNTY	ALLEC	SA NY		
ľ	b. CITY OR TOWN I	(If autside carporate limits, write	c. LENGTH OF STAY IN 18	c. CITY OR	c. CITY OR TOWN (If autside corporale limits, write RURAL and give nearest town)						
	CUMBE		5 DAYS		CUMBERLAND						
ľ	d NAME OF HOSPI	ITAL ("ME MOR') ALI'HOS'F		, d STREET A						SIDENCE	
	MEMORIA			223	HARRI	SON STR	EET			A FARM?	
	B. NAME OF DECEASED	First	Middle	Los	4	. DATE	Month		Day	Year _	
	(Type or print)	LESTER	R PEARL	MILI	LER	OF DEATH	JANUAF	₹Y	13	1958	
	SEX	6. COLOR OR RACE 7. MARR	HED NEVER MARRIED	B. DATE OF BIRT		9. AG		INDER 1 YE			
	MALE	WHITE WIDOWE	DIVORCED	JULY 9,	, 1888	6		onths Day	s Hours	Min.	
[	Go. USUAL OCCUPATI	ION (Give kind of work dane 10b. rking life, even if retired)	KIND OF BUSINESS OR INC	SUSTRY 11. BIRTHPL	ACE (State or	foreign country)		12. CITIZEN	OF WHA	T COUNTRY?	
	Laborer	Ch	emical Arts ]	nc. W. VI	RGINIA				U.S.	1.	
- [1	3. FATHER'S NAME			14. MOTHER'S	MAIDEN NA	ME					
L	AMO	S W. MILLER		MAF	RY E. Z	EHRBACH					
1	S WAS DECEASED EV	ER IN U. S. ARMED FORCES? 16.		INFORMANT			Address			Md.	
	Yes.	1908-1911	1-03-3387 fir	s. Virgin	ia Col	lins 56	5 Patter	son A	lve.,	Cumb.	
П		ATH [Enter only one couse per lin	ne for (a), (b), and (c).]	2 1				111	NTERVAL B	ETWEEN	
	PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	nelmal	1 Len	wha	5 <			INSE! KIN	DEATH	
	1 1 1	DUE TO	4		_ /	,					
	Canditians, if		equaly e	d sol	harman and the second	lamas					
	gave rise to catise (a), stating										
	lying cause last.	, , , , , , , , , , , , , , , , , , , ,		< 13 my							
.	PART II. OT	THER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH B	UT NOT RELATED TO	THE TERMINA	AL DISEASE CON	DITION GIVEN I	N PART 1(a	19. WAS PERFO	AUTOPSY ORMED?	
	<u> </u>								YES [	NOD	
	PART II. OT	AS UNDERLYING (1) 20b. DESC G (1) CAUSE OF DEATH Y MEDICAL EXAMINER)	CRIBE HOW INJURY OCCUR	RED. (Enter noture o	f injury in Por	rt I ar Port II af i	tem 1B.)				
	20c. TIME OF INJU	While	Not while	PLACE OF INJURY ( foctory, street, office	Home, form, bldg., etc.)	20f. (City or tow	rn)	(Caun	ly]	(State)	
	p, m.	19 of war	k at wark								
	21. I certify t	hat I attended the decease	ed from	, 1954	, ta_/_/_	13	., 19 <u>.57</u> ,th	at I last	saw the	deceased	
	alive on	/_/	ond that dea	th accurred at		M. Pikpm the			date stat	ed above.	
	ACTUAL (	· 100 /	1 2 - 2	_	1. // AD	DRESS (Street, ci	ty or lawn, state	1	. / D	ATE SIGNED	
	SIGNATURE	In Ill	NW ANA	M.D. / 2	f un	m /			4.1.	1108	
	PHYSICIAN'S NAME (Type)	George M. Silmons	M. D.	dis	May	W pm	N			,	
F		ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	2	2d. LOCATION (	City, lown, or co	unty)	(Sta	le)	
	REMOVAL (Specify	1/16/58	Rose Hill C	enetery			Land. Md				
2	3. FUNERAL DIRECTOR		ADDRESS		24a. REC'D	BY REGISTRAR	24b. REGISTRA		TURE		
	Charles	L. George Cumb	erland, Md.		DATE (	1 7 '58	Circula	Later 1			

in by the funeral director, and 2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely fill-page.

Juld be detached for use as the buriol-transit permit. Then please remaye carbon papers. Page the regular prior to burial, cremation, or remayal, and in any event within 72 hours ofter death:

V5 A15 (4) 15M 9/S5

BUREAU V. &

2 23 3 25

MP AISOSIN

VS A15 (4) 15M 9/55

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00064

	ä.	46	CERTIFIC	CATE	OF DEATH	H		Reg. Dist. No.	
1. PLACE OF DEATH	Allegan	y	MARYLAN	11 0	SUAL RESIDENCE (WI	here deceased in yland	ved If institution b. COUNTY	Residence befor	
RURAL and giv	N (If outside carporate lime nearest town)	nits, write c.	18/2/56	b c	CITY OR TOWN (IF C	berlan		RAL and give nea	rest town)
d. NAME OF HO OR INSTITUTION	SPITAL (If not in hospital, ON Allegany	Count;	y Infima	ry /	STREET ADDRESS	Bedfo	rd Stre	et	IS RESIDENCE ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print)		irst	Middle D •		iller	4. DATE OF DEATH	Month January	- 1	1958
5. SEX Female		7. MARRIED	NEVER MARRIED [	_	/22/1878	9.		Months Days	Hours Min.
during most of	ATION (Give kind of work warking life, even if retired IOWLIE	dane 10b. KIN d)	ID OF BUSINESS OR IN	IDUSTRY   1	Bedford	_	* *		F WHAT COUNTRY?
13. FATHER'S NAME	John Dei	ffibau	gh	14.	MOTHER'S MAIDEN F		obinet	te	
15. WAS DECEASED (Yes, no. or unknown)	EVER IN U. S ARMED FO	RCES? 16. SO(	CIAL SECURITY NO.	7. INFORM	egany Co	ox 599 unty I			rland,Mo
Conditions, i gave rise to cotse (a), statilying cause to	ing the <u>under</u>	o)	Chro- Geres	ion	ery Hi Lary	cara	liti.	ONS	RVAL BETWEEN ET AND DEATH  ### PARTY   PARTY    7
CATIC	OTHER SIGNIFICANT COI	206. DESCRIE		224	1 au	Part 1 or Port 11	of item 18.)	1 IN PART 1(e) 11	P. WAS AUTOPSY PERFORMED? YES NO D
I ≃ I OR CONTRIBUT	ING CAUSE OF DEATH FIFY MEDICAL EXAMINER)  UURY Month, Day, Yo		RY OCCURRED 20e	. PLACE O	F tNJURY (Home, form	n, 20f. (City or		(County)	(State)
	that I attended the		from 8/2/5			<b>OAM</b> from t	he causes and, city or town, sk	d an the dat	the deceased to stated above.  DATE SIGNED  11/58
PHYSICIAN'S NAME (Type)	Dr. James		cLean		Cumber				
REMOVAL (Specific France)  REMOVAL (Specific France)  23. FUNERAL DIRECT	1/16/58		Coname of Cemeter Cellowship Adoress		etery		N (City, town, or eville. R   246 REGISTI	**	
John J.	dafer. Cumb	erland	Maryland		DATE	AN 1 6 '58		Neduch	

Sai Variation

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1		PARTMENT OF HEALTH—BALTIMORE, 18
FOR STATE	MEDICAL EXAM	INER'S CERTIFICATE OF DEATH  Reg. Dist. No.
HEALTH DEPT.	PLACE OF DEATH C. COUNTY Allegany	MARYLAND 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission)  Grant  W.Va. b COUNTY NATION Grant
our file	b CITY OR TOWN [11 outs de corporate units write RURAL c LENGTH OF and give negrest town]  Cumberland  30 d	35
s parcel directly and directly	d NAME OF HOSPITAL OR INSTITUTION (11 not in hospitol, give street Memorial Hospital	oddress) d STREET ADDRESS e 1'S RESIDEN E ON A FARM? YES \ NO \
and	3 NAME OF DECEASED (Type or print) AOO OCE	Mongold DATE Month Doy Year Jan. 27 19 58
d 3 to t may be	5. SEX Male  6. COLOR OR RACE 7 MARRIED NEVER M WIDOWED DIVO	ARRIED 8 DATE OF BIRTH  9. AGE 110 years   See
ret	100. USUAL OCCUPATION (G ve kind of work done 10b KIND OF BUSINE:  ired - Farmer Farmer Farming	
Poges Poges	Nathan Mongold	Susan Ritenhour
	15, WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no, op unknown) (If yes, give war or dates of service)	No No No Nemorial Hospital record.
it perm	18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and ( PART I. DEATH WAS CAUSED BY- IMMEDIATE CAUSE (a)  Bronchopn	eumonia (bilateral)
Hice of trons in loval.	49/X DUE TO	
in percentage of the control of the	Conditions, if any, which gove rise to immediate course (a), stating the underlying DUE TO course tast.	
Exam Exam dos hation	PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO	DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED?
d pendical hedical	Intertrochanteric fracture 2006, EXTERNAL CAUSE WAS CAUSE OF DEATH.  2006, EXTERNAL CAUSE WAS CAUSE OF DEATH.  2006 DESCRIBE HOW INJURY OF CAUSE OF DEATH.  CAUSE OF DEATH.	of bed & fell to the floor injured right
SS Sheet	5 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRI	ED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.)
about about		Fibed abave, held an Autapsy . Inspection . Inquiry and in my
Ged 1	apinian death resulted fram. Natural causes 🔣,	Accident, Suicide, Homicide, Undetermined manner
Certific forword arted a	SIGNATURE H. V. Dorring M. D.	M.D CHIEF MEDICAL EXAMINER   DATE SIGNED
essi de la companya d	EXAMINER'S H.V.Deming M.D.	ASSISTANT MEDICAL EXAMINER Jan. 27–1958
or is	REMOVAL (Specify)	ille Cemetery   Waysville W. Va.
5 A15ME 5M 2/37	J.B. Schaeffer Petersbur	240, REC'D BY REGISTRAR 296 REGISTRAR'S SIGNATURE



BECEINED STATES

1					ATE DEPART					18	000	66
STATE H DEPT.	= 1, !	PLACE OF DEATH	48	DICAL	EXAMINE	2 USUAL	RESIDENCE (W	here decea	sed lived. If inst		dence before	
	<u> </u> _	A	ITe any	P. (2.1)	MARYLA			€.	b. COUN	2.5	llere	
1.4		and give negrest to		E KUKAL	25 TES	02		TA FEO	porale limits, writ	TO NUMBER	nd g ve neor	est lown]
00		S. NAME OF HOSP	freen St.	If not in hospi	tal, give street address)	d STRI	EET ADDRESS	een .	55.		e Y	IS RESIDENTE ON A FARM? ES NO
		NAME OF DECEASED (Type or print)	Fire	st	Middle 7.7	717	Losi	4 DATE OF DEATH	Mor	ith in j	Doy	Yeor 19
	5. 5	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B DATE OF B	BIRTH		9. AGE (In years lest birthday)	IF UNDE Months		UNDER 24 Hks
		: ale	white	WIDOWED		AND SALES TO SALES AND ADDRESS OF THE PARTY	6-1932		25 yrs	L,		
1	10a	USUAL OCCUPAT tyring most of work	IION (Give kind of work of king life, even if retired)	toad	Commissio	4	Cumber	_			tizen of w $\mathbb{S}_*A_*$	/HAT COUNTS
	13.	FATHER'S NAME		-		14. MOTH	ER'S MAIDEN N	IAME				
			.H.l'ore'ier			1	shedho	t Sel	11			
	15, [Yes	WAS DECEASED E	VER IN U. S. ARMED FO	RCES? 16 SC		7 INFORMANT			Addre			
		110_		217	-30-2088K	brothe:	r)Wm.ll	oreh	ead, Cur	berl	and.	4
			ATH [Enter only one cou								INTERVAL ONSET AL	BETWEEN NO DEATH
		PART 1, DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	Acuto	cardine	foilur	e				Sil	lden
		401.	DUE TO	~ >		. ~	44					
		Conditions, If		Subac	ith bacte	r'al e	ndoc r	1101.	. ,			
		(o), stating the		Rhet	matic pin	car'it	is _					everal
1	MOLEN	PART II. O	THER SIGNIFICANT CON	DITIONS CON	TRIBUTING TO DEATH B	LT NOT RELATED	D TO THE TERMI	NAL DISEAS	E CONDITION G	IVEN IN PA	AT 1(0) 19. YES	ERFORMED?
*	CERTIFICATION	20g. EXTERNAL CAPRIMARY OF COLORS OF DEATH	AUSE WAS ONTRIBUTING 120	b DESCRIBE	HOW INJURY OCCURRE	). (Enter noture	of injury in Port	i or Port II	of item 18 )			- '
	MEDICAL	20c. TIME OF INJ Hour a. m p. m	le	White	URY OCCURRED 20e	PLACE OF INJU- foctory, street, o	RY (Home, form office bldg., etc.)	20f. {City	y or town)	(C	ounty)	(Stote)
		21. I certify	that I took charge	of the re	mains described (	bove, held	on Autopsy	平, 和	nspection [3	, Inqui	iry 平,	ond in my
		opinion death	h resulted from. 1	Naturol co	uses 🏗 (Accide)	nt 🔲, Svi	cide 🔲, 🕒	lomicide	, Undel	ermined	manner	
		4671141	1/1/3	•	7.1						D	ATE SIGNED
or A		SIGNATURE	7-1-12	merch	9 M.D.	, IN.D.	EF MEDICAL EX	-				Wit MAULD
,		EXAMINER'S	I U Do in	. 7			ISTANT MEDICA			705	0	
		MAME (Type)	h. Y. Deming	,	<del></del>				j Jan.6		The second	
	220	REMOVAL (Specif	ION, 226 DATE THEREO	oF 2	NAME OF CEMETERY				TION (City, town			(Stote)
	23	BUT 121.			S. S. Peter	& Paul		Cumit	perland,	Hary.		
	20.		L. George	Cumber			A-O. REC. E		ZAD KEC	- AMBIEC	/	
	_		,		, , , , , , , , , , , , , , , , , , , ,		JOAN 1	0 '58	- 12	**************************************		A STATE OF THE PARTY OF

TOTAL TOTAL

death.

executed within 24

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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NA. I TESSINE

	<u> </u>	10	CERTIFIC	ATE OF I	DEAT	Н	Re	g. Dist. No	<b>JUUU</b> 68
1. PLACE OF DEATH O COUNTY ALT FGAN	Y		MARYLAND	2 USUAL RESI	_	here deceased lived.	If institutions R		ore admission)
b. CITY OR TOWN RURAL ond giv	N (If outside corporate lime nearest town)	its, write c. U	ENGTH OF STAY IN 16	c CITY OR	TOWN (IF	outside corporate lin	nils, write RURAL	L and give no	earest fown)
CUMBERI		tion about a diday	-3			RNPORT,			
	SPITAL (If not in hospital, (		is)	d. STREET A		D CM			on a FARM?
SACKED H	EART HOSPITA		Middle	1 209	POPLA	R ST .			YES NO
DECEASED (Type or print)			Militarie	Los		OF DEATH	Month		loy Yeor
. SEX	6. COLOR OR RACE		NEVER MARRIED	NAUGHT 8. DATE OF BIRT			E (In yours IF U	16 INDER I YEA	R IF UNDER 24 H
FEMALE	WHITE	WIDOWED	DIVORCED [	3/311		lost		nths Days	Hours Min
o. USUAL OCCUP	TION (Give kind of work	done 10b. KIND					<u> </u>	2 CITIZEN	OF WHAT COUN
during most of a	rorking life, even if retired	)			WAD	YLAND			S.A.
3. FATHER'S NAME	4			14 MOTHER'S					D.A.
ΔΤ	RIAN GROVE.			TΠΔ	Koo	ken			
	VER IN U. S. ARMED FOR		AL SECURITY NO. 17	INFORMANT			Address		
no	It yes, give wor or cores at t	arvice)		PATTR	אדר		ABOVE		
CATE	immediate DUE TO	DITIONS CONTR			THE TERM			N PART 1(0)	19. WAS AUTOP PERFORMED' YES NO
200. ACCIDENT OR CONTRIBUTI (IF EITHER, NOT 20c. TIME OF IN Hour o.		or 20d. INJURY			Home, forr	n, 20f. (City or tow		(County	} {Sto
	10	deceased fr	am X	4H. 1958	, to.S.	401. 1 G			
actual signature	Tint !!	1298 (cm	and that deat	M.D	<u>(2,40)</u>	M, from the ADDRESS (Street, ci			DATE SIG
PHYSICIAN'S NAME (Type)									
220. BURIAL, CREMA REMOVAL ISPON	1/19/58		NAME OF CEMETERY O	OR CREMATORY		22d. LOCATION (C		unly)	(Stote)
3 FUNERAL DIRECT	1 -1 -1/1		ADDRESS sternport,	Ma' :	24o. REC	STATE SISTEMPS 8	246 REGISTRAL	R'S SIGNATU	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

in by the funeral director, and 2 should be filed with

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

may be retained by the haspital or attending physician.

TO FU.

TO FU

VS A15 (4) 15M 9/SS

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1		I	em 18 Film 225 2-21	LAND ST ams		ICATE OF I		-BALTIM	ORE, 1	0	0070
Page 4 director, ijed with	Ý.		PLACE OF DEATH  COUNTY  ALLEGANY		MARYL			re deceased lived	. If institution	Reg. Dist. No n- Residence bef ALLEGAI	fore admission)
death uneral			CITY OR TOWN (f outside corporate li RURAL and give nearest town) CUMBERLAND	nits, write c. L	ENGTH OF STAY IN	1 1b c. CITY OR		side carporate lii	mils, write RU	IRAL and give n	earest town)
rs after by the f			E. NAME OF HOSPITAL (If not in hospital, OR INSTITUTION  MEMORIAL HOSPITAL	give street addre	935)	d. STREET /		OLDTOWN	ROAD		e. IS RESIDENCE ON A FARM? YES NO W
24 hou			NAME OF DECEASED Type or print)  CAR	irst LA	Middle RAE	lo		4. DATE OF DEATH	Month JA NU		ay Year
ely fill		5				8. DATE OF BIRT	ГН				R IF UNDER 24 HRS
nplet		104	FEMALE WHITE	WIDOWED _	w	MAY 20	, 1957				
and camp an paper	I)	L	USUAL OCCUPATION (G ve kind of wor during most of working life, even if retire None	d) Link	O OF BUSINESS OR	CUM	BERLAN	D, MD.		12 CITIZEN	U. S. A
ian and carban after et		13	FATHER'S NAME	OALNEES		14. MOTHER'S	MAIDEN NA				
ifical hysical agre		15	CHARLES F. WAS DECEASED EVER IN U. S. ARMED FO		AL SECURITY NO.	17. INFORMANT	TRENE	LECHLITE	,R Addre	254	
cert ng pl		ĮΥε	NO	NO1			HOSPIT	AL		BERLAND,	. MD.
eath endir lease thin			1B. CAUSE OF DEATH [Enter only one			100	. /		9011	IN	TERVAL BETWEEN
he d			PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE	[0]	penal,	Henren	allts	Pneum	ococcu		30/01
by the	b		DUE 1 Conditions, if any, which }	o (b)	Cerebros	stinal med	/ ingiti	5			1
equires n. signed it perm id in a			gave rise to immediate cause (a), stating the <u>under-</u>	,							
physicid as been ial-trans	. \$	CATION	PART II OTHER SIGNIFICANT CO		RIBUTING TO DEAT	H BUT NOT RELATED TO	O THE TERMINA	AL DISEASE CON	DITION GIVE	N IN PART I(a)	19. WAS AUTOPSY PERFORMED? YES NO D
IAN: The ending ficate hathe bur ar rem		CERTIFICATION	200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b DESCRIBE	HOW INJURY OCC	CURRED. (Enter nature o	of injury in Par	rl I ar Port II of	item 18 )		
HYSIC I ar alt nis certii use as mation,		MEDICAL	20c. TIME OF INJURY Month, Day, Y Haur o. m. p. m.	While	Y OCCURRED 2 Not while at wark	De PLACE OF INJURY ( foctory, street, offic	(Home, form, e bldg., etc.)	20f. (City or to	vnj	(County	(Stole)
Spita spita ter th I for		-	21. I certify that I attended th			24 195/	to J	an 24	10.5%	that I last s	aw the deceased
TENDII the ha DR: Afr stached			alive an Jun 24/	, 19 <u>_5</u> /		eath occurred at	8;20P	M, from the	causes ar	nd on the do	ate stated above
OR AT	1		ACTUAL SIGNATURE SIGNATURE	mull	Maget	DMD/53	la Ca	u Ceca	hila	1/41	Je 26, 198
retair	1			KEKKKKKK	KWARKH G.	.HIMMELWRI	GHT	<i></i>			/ / 
HOSI Oy be FUNE sge		220	BURIAL CREMATION, 226. DATE THERE			ERY OR CREMATORY		2d. LOCATION (			(Stote)
5 5 8 5 8 5 8 5 8 5 8 5 8 5 8 5 8 5 8 5	2		urial II-27-58 UNERAL DIRECTOR'S SIGNATURE			Cemetery		Cumber I		TOL #	dc .
VS A15 (4) I5M 10/57	1	2	James F. Scarpel	li Cum	berland	, Md.	DATE JAN	12 8 158	Tu-	+ esue	
	-	2	つんう ろの ると グレー								

ETTINA K. E.

ME CENA EN

MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Reg. Dist. No. HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) a. COUNTY essary, please rector. Page your files. d of Health, **O STATE b** COUNTY MARYLAND b CITY OR TOWN III outside corporate limits write EURA. c LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate I mits, write RURAL and give nearest town) ond a ve nearest town) Frast! d NAME OF HOSPITAL OR INSTITUTION (II not in hospital, give street address) d STREET ADDRESS IS RES DENCE ON A FARM? YES NO ME 3. NAME OF First Middle 4. DATE Month DECEASED William Thomas Parker (Type or print) 19 58 DEATH 5. SEX 6 COLOR OR RACE | MARRIED | NEVER MARRIED | 8 DATE OF BIRTH 9 AGE (In years IF UNDER TYPAR IF UNDER 24 HRS Months T Days Hours WIDOWED [ DIVORCED | 100. USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? 0 0 5 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME John F. ar'er arraret 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) ENTERVAL BETWEEN ONSET AND DIA H Procardial infarction (le PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immed ate couse **DUE TO** (o), stoling the underlying Cardiac hypertrophy couse fost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED? Co. ninuted fracture of NO [ 200. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING ST CAUSE OF DEATH. 206 DESCRIBE HOW INJURY OCCURRED, [Enter noture of injury in Part I or Port II of item 18 ) Month, Doy, Year 20d INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, 120f (City or fown) (County) (Stote) 55 factory, street, affice bldg , etc.) Doc . 29 19 57 While Not while st 21. Lectify that I took charge of the remains described above, held an Autopsy (\*\*), Inspection (\*\*), Inquiry (\*\*) cate, y opinion death resulted from. Natural causes 3, Accident , Suicide . Hamicide . Undetermined manner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ೭ ಶ ASSISTANT MEDICAL EXAMINER | P.V. Doming I.D NAME (Type) DEPUTY MEDICAL EXAMINER 💾 Jan. 3-3 shor FUN 220 BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 70 Burial I-6-T958 Funeral Home 246. REC D F REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE VS. ATSME DATE AN 8 Frostburg. Ad.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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e. IS RESIDENCE

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Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES 🗔

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ON A FARM?

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS A15 (4) 15M 9/SS M

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

		414				Keg. Dist. 140.				
	LACE OF DEATH		EARWA AND	2. USUAL RESIDENCE (WHO o. STATE	nere deceased lived If instit	ution Residence before admission) TY				
	Allegar	37	MARYLAND	W	VA.					
Ь		Toutside carporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	autside carporate limits, write	RURAL and give nearest tawn)				
	CLIMETER	RT.ANÎ)		RIDGELEY		<u></u>				
0	OR INSTITUTION	AL (II not in hospital, give stre	et address)	d. STREET ADDRESS		e. 15 RESIDENCE ON A FARM?				
	SACREI	HEART HOSPIT	AI,	17 Barncon	ru st.,	YES NO A				
	IAME OF	First	Middle	Lost	4. DATE N	South Doy Year				
	ECEASED Type or print)	BRIDGE	T Marie	RHODES	DEATH JAN					
5 S	EX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In yea	IF UNDER 1 YEAR IF UNDER 24 HRS				
	FEMALE	WHITE WIDO	WED (X) DIVORCED	Jan. 2, 1888	lost birthday 70' y	7) Manths Doys Hours Min.				
10o.	USUAL OCCUPATIO	N (Give kind of work done 10	b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY				
	Housewor!	ing life, even if retired)	otel & Private	Res. Limerick.	Ireland	U. S. A.				
13. [	ATHER'S NAME			14. MOTHER'S MAIDEN N	VAME					
	John H	landley.		Mary	Ann Smith					
15.		R IN U. S. ARMED FORCES?	6. SOCIAL SECURITY NO. 17.	INFORMANT	A	ddress				
(Tes.	NO .	(If yes, give war or dates of service)	212-24-0410 H	rs. Earl Whet	sel Miller Ro	l. Ridgeley, W. Va.				
	IB. CAUSE OF DEA	TH [Enter only one couse per	line for (o), (b), and (c).]			INTERVAL BETWEEN				
1 1		TH WAS CAUSED BY	. 0	1 1		ONSET AND DEATH				
1 1	-	IMMEDIATE CAUSE (a)	munning	Kuhulom	<u> </u>	18 homes				
1 1	"#X DUE TO "									
Ш	Conditions, if any, which) (b) includible many from call									
ш	gove rise to it									
_	lying cause lost. (c) commercial chained finally speller 3 Wel									
CATION	PART II. OTH	IER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE CONDITION (	GIVEN IN PART 1(a) 19. WAS AUTOPSY				
AT.	altal	0- 4-1-	hackel Pitt			PERFORMED? YEST NO				
	200 ACC DENT WA	CHARLES ET TOKE	SCORE HOW INVIEW OF CHARLE	D. If-ter column of injury in	Post Los Post II of Stars 19 )	1680 1000				
CERTIFI	OR CONTRIBUTING	CAUSE OF DEATH	SCRIBE HOW INJURY OCCURRE	ED. (Enter noture of injury in	rarriar for it of trem ta.)					
🗓	(IF EITHER, NOTIFY	MEDICAL EXAMINER)								
18	20c. TIME OF INJUR	Y Manth, Doy, Year 20d	. INJURY OCCURRED 20e. PI	LACE OF INJURY (Home, form	, 20f. (City or town)	(County) (Stote)				
MEDICA	Haur o.m.	19 Whi	In I dot willia	octory, street, office bldg., etc	-) {					
2	p. m.	17 Of W	rork of work		<u> </u>					
	21. I certify th	at I attended the dece	ased fram /- 2 -	- 1958 to 1	- 3/ 193	that I last saw the deceased				
Н	alive an	1-31- 10			M form the service	s and on the date stated abave				
П	ditae dii	6 17	.2.92.,., and that death	a decorred of 72.						
Н		4 1 11	. ^	-16.	ADDRESS (Street, city or tow	rn, slote) DATE SIGNED				
П	ACTUAL SIGNATURE	Aless /W	mes	M.D. 3/CILL	set 11. Climb	along Ald 1-1-58				
	PHYSICIAN'S NAME (Type)	Doctor Lewis	Brings M2D							
220.	BURIAL, CREMATIO	N, 22b. DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY	22d LOCATION (City, town	n, or county) (State)				
	REMOVAL (Specify)	2/3/58	St. Peter!	a Camataur		rt, Maryland				
22	FUNERAL DIRECTOR		ADDRESS							
23.			berland. Md.		_	GISTRAR'S SIGNATURE				
	GHALLES !	ne acorka emi	not Talled Me	DATE I	. 150	1 7				



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	tute	210	dr.	
THE DEPTITY MEDICAL FILLMINER: This certificate shows a mecuted within 24 hours after death. If ony delay is necessary, please	execute the certificate, writing the mord "mending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page	4 showly be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be presented for your files	TO FU! AL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the We Board of Health	34
-	-67	4	10	
		10		

5M 2/57

		05							R	eg. Dist. N	0.
P	LACE OF DEATH	90				2. USUAL RESIDENCE	(Where deced			Residence be	efore admission)
0	COUNT	Allegan	У	MARY	LAND	o STATE	Md.	ь со	UNTY	Alleg	gany
Ь		autside corporate film ts, write	RUTAL	c LENGTH OF STAY	IN 1b	E CITY OR TOWN	(If outs de co	rporole limits,	write RJR		- Au
	Frost			2 yrs		- 14.0	stbur	5			_
d		AL OR INSTITUTION (II		stal, give street oddres	(5)	d STREET ADDRESS			du b		ON A FARM
	36 Ecco	llough St	•			36 1	AcCol.	lough_	St.		YES NO
. N	NAME OF DECEASED	Firs	18	Middle		Lost	4 DATE	A	Aonth	Day	Year
	Type or print)	Mary				Ritchey	DEATH		Jan.	2	3 19 58
. SE	EX		1	NEVER MARRIED	0   8 0	DATE OF BIRTH		9 AGE (In yes	n TIFU	NDER TYEAR	IF UNDER 24 H
f	emale	white	WIDOWED	DIVORCED	n s	ept.14-18	397	lest burthday]	уга Мо	nths Days	Hours Min
		1 11 1 1	one 10b, KI	ND OF BUSINESS OR			te ar foreign	1 00		2 CITIZEN C	DE WHAT COUNT
dı	Housew	ON (Give kind of work d ig life, even if relired) Ife				Gilmore				U.S.	
3. 1	FATHER'S NAME				1	4. MOTHER'S MAIDEN	NAME				
	Abr	am Thomp	son			Marga	aret 1	Kerr			
5.	WAS DECEASED EV	ER IN U. S ARMED FOR	RCES? 16 S	OCIAL SECURITY NO	17. INF	ORMANT			dress	CONTRACTOR OF 3 February	the second
	no, er unknown)	III yes, give wor or dates of e	61416.01	none	(da	ughter)M	rs.Mar	rgaret	Bee	eman, l	fidland
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]									ERVAL BET WEEN	
	PART I. DEAT	TH WAS CAUSED BY.	Cor	onary oc	clus	ion				S	udden
	OUF TO								men men i man nin		
	Condition W.		Cor	onary sc	lero	sis				376	ears
	gove rise to immediate cours										
-	gove rise to immed	diole couse (									
	(a), stoting the	A PULL TO					Phantonidadha hallari asarda				The limit of the l
	(a), stating the couse last.	underlying DUE TO	WHOLE CON	Wallittle to DIATE	D 17 4 1/2	TO THE TOP	Pharbonische educionenia				
NONS	(a), stoting the couse fast.  PART II, OTH	Underlying DUE TO (c) HER SIGNIFICANT CONE	ations con	NTRIBUTING TO DEATH	H BJT NO	IT RELATED TO THE TER	MINAL DISEA	SE CONDITION	GIVEN II	N PART I(o)	IP. WAS AUTOPS' PERFORMED? YES NO
- 1	(a), stating the couse last.	Underlying DUE TO (c) HER SIGNIFICANT CONE		NTRIBUTING TO DEATH					GIVEN II	N PART I(o)	PERFORMED?
- 1	PART II. OTHER PART II. OTHER PART III. OTHER	Underlying DUE TO (c). HER SIGNIFICANT COND USE WAS NITRIBUTING [] RY Month, Day, Year	b. DESCRIBE	HOW INJURY OCCUR	RRED (Ente		ort   or Port	l of Item (8)	GIVEN II	(County)	PERFORMED?
MEDICAL	PART II. OTH  20c. EXTERNAL CAL PRIMARY I or COL CAUSE OF DEATH.  20c. TIME OF INJUI Hour o. m. p. m.	USE WAS NTRIBUTING (2)  RY Month, Day, Year	b. DESCRIBE  20d IN While of worl	HOW INJURY OCCURRED 7/	RRED (Ente	or noture of rivery in P  OF INJURY (Home, for, street, office bidg., e	ort I or Port I	I of Item (8)		(County)	PERFORMED? YES NO (State
MEDICAL	PART II. OTH  20c. EXTERNAL CAL PRIMARY I or COL CAUSE OF DEATH.  20c. TIME OF INJUI Hour o. m. p. m.	Underlying DUE TO (c). HER SIGNIFICANT COND USE WAS NITRIBUTING [] RY Month, Day, Year	b. DESCRIBE  20d IN While of worl	HOW INJURY OCCURRED 7/	RRED (Ente	or noture of rivery in P  OF INJURY (Home, for, street, office bidg., e	ort I or Port I	l of Item (8)			PERFORMED? YES NO (State
MEDICAL	PART II. OTH  200. EXTERNAL CAL PRIMARY OF COI CAUSE OF DEATH.  20c. TIME OF INJU! Hour o.m. p.m.  21. 1 certify If	USE WAS NTRIBUTING (2)  RY Month, Day, Year	of the re	HOW INJURY OCCURRED 70  Not white of work memoins described	Oz PLACE factory	or notice of righty in P  OF INJURY (Home, for, street, office bidg., e	ort I or Port I	I of Item (8)  by or town)	<b>聚</b> , 10	(County)	PERFORMED? YES NO
MEDICAL	PART II. OTH  200. EXTERNAL CAL PRIMARY II or COI CAUSE OF DEATH.  20c. TIME OF INJUI Hour o. m. p. m.  21. I certify It opinion death	USE WAS NTRIBUTING 120 Annot 1 took charge	of the re	HOW INJURY OCCURRED 70  Not white of work memoins described	Oz PLACE factory	OF INJURY (Home, far, street, office bidg., e., held on Autop.), Suicide [],	ort   or Port    orm.   20f (Cit fc.)    osy	of Bem (8)  ly or town)  Inspection	<b>聚</b> , 10	(County)	PERFORMED? YES NO
MEDICAL	PART II. OTH  200. EXTERNAL CAL PRIMARY OF COI CAUSE OF DEATH.  20c. TIME OF INJU! Hour o.m. p.m.  21. 1 certify If	USE WAS NTRIBUTING 120 Annot 1 took charge	of the re	HOW INJURY OCCURRED 70  Not white of work memoins described	RRED (Enter 02 PLACE factory d above dent	or nature of rivery in P  OF INJURY (Home, for, street, office bidg., e  e, held on Autor  J. Suicide	ort For Port I	I of Item (8)  Iy or town)  Inspection  E	<b>聚</b> , 10	(County)	PERFORMED? YES NO (State
MEDICAL	PART II. OTHER COURSE OF DEATH.  200. EXTERNAL CALPRIMARY Dor COLCAUSE OF DEATH.  20c. TIME OF INJUIT Hour o. m. p. m.  21. I certify it opinion death  ACTUAL SIGNATURE	USE WAS NTRIBUTING []  RY Month, Day, Year 19  not I took charge resulted from: N	or 20d IN While of world of the re	HOW INJURY OCCURRED 70  Not white of work memoins described	RRED (Enter 02 PLACE factory d above dent	or nature of righty in P  OF INJURY (Home, for, street, office bidg., e., held on Autor),  Suicide ,  CHIEF MEDICAL ASSISTANT MEDI	ort   or Port    sem.   20f (Cit fc.)    Homicida  EXAMINER [  ICAL EXAMIN	I of Item (8)  Iy or town)  Inspection  E	<b>泽</b> ), Ir determin	(County) nquiry	PERFORMED? YES NO (State
MEDICAL	PART II. OTHER CAUSE OF DEATH.  200. EXTERNAL CALFRIMARY II or COLCAUSE OF DEATH.  Hour o.m. p.m.  21. I certify It opinion death  ACTUAL SIGNATURE  EXAMINER'S NAME (Type) H	UNDER SIGNIFICANT CONDUCTOR  USE WAS NTRIBUTING D  RY Month, Day, Year 19  not I took chorge resulted from: N  V. Deming	or 20d IN While of world of the resolution of M. D.	HOW INJURY OCCURRED 70  Not white of work memoins described	RRED (Enter 02 PLACE factory d above dent	or nature of rivery in P  OF INJURY (Home, for, street, office bidg., e  e, held on Autor  J. Suicide	ort   or Port    sem.   20f (Cit fc.)    Homicida  EXAMINER [  ICAL EXAMIN	I of Item (8)  Iy or town)  Inspection  E	<b>泽</b> ), Ir determin	(County) nquiry	PERFORMED? YES NO (State
MEDICAL	200. EXTERNAL CALPRIMARY I or COI CAUSE OF DEATH.  20c. TIME OF INJUINATION DEATH.  21. I certify It opinion death  ACTUAL SIGNATURE  EXAMINER'S H  BURIAL CREMATIC	USE WAS NITRIBUTING DE 19  RY Month, Day, Year 19  not I took charge resulted from: N  V. Deming	or 20d IN While of world of the resolution of M. D.	HOW INJURY OCCURRED 70  Not white of work memoins described	02 PLACE factory	or notice of rivery in P  OF INJURY (Home, for, street, office bidg., e., held on Autop  DEPUTY MEDICAL  ASSISTANT MEDICAL  DEPUTY MEDICAL	ort I or Port I  cm.   20f (Cit fc.)    Homicide  EXAMINER:  ICAL EXAMINER:	I of Item (8)  Iy or town)  Inspection  E	F, Indetermin	(County)  Inquiry and monn	PERFORMED? YES NO (State
MEDICAL	PART II. OTHER CAUSE OF DEATH.  200. EXTERNAL CALFRIMARY II or COLCAUSE OF DEATH.  Hour o.m. p.m.  21. I certify It opinion death  ACTUAL SIGNATURE  EXAMINER'S NAME (Type) H	USE WAS NTRIBUTING DE 19 TO Month, Day, Year 19 Tot I took chorge resulted from: N  V. Deming	or 20d IN While of world of the resolution of M. D.	HOW INJURY OCCURRED  Not white emoins described ouses . Accid	Oe PLACE factory d above	OF INJURY (Home, for, street, office bidg., e., held on Autop.), Suicide [],  M.D. CHIEF MEDICAL ASSISTANT MEDICAL REMATORY	erm. 20f (Cil	y or town)  Inspection  Inspection  Jano  Grand	Per, Indeterminate 23-	(County)  Inquiry 13  The direction of the country 15 and	PERFORMED? YES NO (State)  (State)  Ond in m  of DATE SIGNED
MEDICAL OF	(a), stoting the couse fost.  PART II. OTHER COUSE OF DEATH.  20c. EXTERNAL CALE PRIMARY Dor CONCAUSE OF DEATH.  20c. TIME OF INJUIT Hour o. m. p. m.  21. I certify it opinion death  ACTUAL SIGNATURE  EXAMINER'S HAMME (Type)  BURTLE CEMATIC  BURTLE CEMATIC  BURTLE STORM	USE WAS NTRIBUTING DE 19 19 19 19 19 19 19 19 19 19 19 19 19	or 20d IN While of world of the resolution of th	HOW INJURY OCCURRED 70 Not white of work moins described buses 7. Accid	Oe PLACE foctory d above dent  ERY OR CR	OF INJURY (Home, for, street, office bidg., e., held on Autop.), Suicide [],  M.D. CHIEF MEDICAL ASSISTANT MEDICAL ASSISTANT MEDICAL REMATORY  240 RE	erm. 20f (Cil	y or town)  Inspection  Inspec	etermin	(County)  Inquiry 13  The direction of the country 13  The cou	PERFORMED? YES NO (State)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUILDU K. &

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00078

## 96 CERTIFICATE OF DEATH

			N.	eg. 6/15t. 140				
1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED						
COUNTY Allegany MA	RYLAND	STATE Md.	COUNTY	Allegany				
CITY (If outside corporate limits, write RURAL LENC	STH OF STAY	CITY (If outside corpo	orete limits, write RURAL e	nd give neerest town)				
TOWN Westernport		ternport						
HOSPITAL OR INSTITUTION OR		STREET / ADDRESS	(Il rurel giv	e location)				
STREET ADDRESS 79 Main St.			Main St.					
3. NAME OF (first) (Middle) DECEASED		(Lest)	4. DATE [Mon	sh) (Day) (Yeer)				
(Type or Print) Frances G	Russell	l	DEATH JE	in.18,1958 12				
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8 DATE	OF BIRTH	9. AGE lest birthday	IF UNDER 1 YEAR   IF UNDER 24 HRS				
Temale White Specify Widowe	d May	17,1885	72 yrs.	Months Days Hours Min.				
10e, USUAL OCCUPATION (Give kind of work done during most of working life, even If OR INDUST	JSINESS	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT				
relired) Nurse	N.I	W.Va.		U.S.				
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	1				
Michael P. Fahey		Mary Gra	đу					
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIA	L SECURITY NO.	17. INFORMANT &						
(Yes, no, or unk.) (If Yes, give wer or deles of service)		Miss Be	atrice Fah	ney, Westernpor				
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	MEDICAL CE			INTERVAL BETWEEN				
D		- 0		ONSET AND DEATH				
+ IMMEDIATE CAUSE (A) Flitting	unary.	earna.		- Lunus				
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (8)	Tomusia o	cardinaseu	Var Mys	as: 10 reason				
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO								
IS OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.								
198, DATE OF OPERATION   196, MAJOR FINDINGS OF OPER	RATION			20, AUTOPSY?				
				YES XO X				
21e. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, Jerm, OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	fectory, lg., etc.)	21c. WHERE DID INJURY OCCU	IR? (City or town)	(County) (State)				
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY While M. I et work	OCCURRED Not while et @prk	21f, HOW DID INJURY OCCU	JR?					
22. I hereby certify that I attended the deceased fr		19/950 to Jo	en/2 1057	, that I last saw the deceased				
Nive on 18, 19.58 , and that of								
SIGNATURE ()	0		RESS (Street, city, tow					
Jasher & Walnerlan for	M. D.	/ walnu	t W,	Va.				
BURIAL, CREMATION, 1/20/58 St	e of CEMETERY OF		Westernpo					
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS				
DATE JAN 2 1 '58		W/N+11	Alorb, he	. Piedmont, W.V				

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BUREAU V. E

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DIRECTOR:

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DATE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BULLEAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
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62 **CERTIFICATE OF DEATH** 

		- fl	U	U	ď	ţ
Reg.	Dist.	No.	_	_		

											****	P1416 1401		
1. PLACE OF DEATH o. COUNTY Allegany MARYLAND					2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY Allegany							ion)		
ı	. CITY OF TOWN (IF	autide carporate limit	s, write	c. 1ENG	TH OF STAY IN 16	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest lown)								)
	RURAL and give need				80 vrs.		02 Cumberland							
	d. NAME OF HOSPITAL (If not in haspital, give street address)					-	d STREET AL	DORESS				-	. IS RES	DENCE
		rk St.				1	206 Park St.							
3. NAME OF DECEASED (Type or print)		Eli	r <b>z</b> abe	Middle th		C	on Spikel	c	4. DATE OF DEATH	OF		19		958
5. 5	EX	6. COLOR OR RACE	7. MARR	IED   N	IEVER MARRIED	8 D/	TE OF BIRTH			9. AGE (In year	IF UND	ER 1 YEAR		
Ţ	Renale	White	WIDOWE		DIVORCED	00	et_16.	187	7	last birthday		Doys	Haurs	Min,
	USUAL OCCUPATIO	N (Give kind of work of	lone 10b.		BUSINESS OR IND			Z				CITIZEN OI	F WHAT	COUNTRY?
		ng life, even if retired		Bake	03377		Cimi	nom1:	and.	18		USA		
13.	Retired FATHER'S NAME	Clerk		Dan	ELA.	i4	. MOTHER'S			4711.7. #		ODZE	-	_
	Dotnic	Jr Coffor					T11 7	ia Ma	lone					
15.		k Coffey	CES2 16	SOCIAL S	SECURITY NO. 117.	INFOR		LCE DIC	110110	A	dress			
[Yes	no or unknown) (f	t yes, give wor or dates of se	d 7 G	- 4" PJ				oc R	iokan	d,Cumb		nd .	lid.	
	10	211 10-1	7.54	<u> </u>		T S	- O GIIII	50 II.	LChai	u, oumb	CI J.C.			
		TH Enter only one co	use per lir	FOR (0).	(b), and (c)		3 11		/			ONS	RVAL BE	DEATH
	IMMEDIATE CAUSE (a) OKONCHO PNEULUSTICA 7 days													
	4-91 X DUE TO													
Conditions, if ony, which (b) (b)														
	couse (a), stating the under-													
_	lying cause last, (c)													
NO.	PART III. OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBU	ITING TO DEATH BU	T NOT	RELATED TO	THETERMI	NAL DISEAS	CONDITION	IVEN IN P	ART 1(a) 19	PERFO	RMED?
CA													YES 🗌	NO
CERTIFICATION	200 ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	☐ CAUSE OF DEATH	20b. DES	CRIBE HO	W INJURY OCCURE	ED (En	ler nature af	injury in P	art I ar Pari	II of item 18.)				
CAL	20c. TIME OF INJURY	Manth, Day, Yes	r 20d. IN	UURY O			OF INJURY IN			or tawn)	· ·	(County)		(Stote)
MEDICAL	Haur a. m p. m	19	While of war	Nat Nat	while f	aclary,	street, office	bldg., etc.	}		-1			
2	-				11-	0	10 (-)	8. 10	11/1	75	-5-			
	1 1/2	at I attended the	decease	ed tran	77	/	., 19.52.2	10/1		19.5				deceased
	olive on	L. L. L.	, 122		and that deat	h acc	curred at_1					the dat		
	ACTUAL SIGNATURE	LU. ofr	61 Z	ste	in Ar	_M.D.	2760	auli	LULLI	reet, city ar tay	ucher	rlang	m	ITE SIGNED
	PHYSICIAN'S A	W.TRE	VA	5/	715,5K	2	( de-	mh	enla.	ud, Th	ML	ELRA	/	E
220	BURIAL, CREMATION	J. 225. DATE THEREO	F	22c. N/	AME OF CEMETERY	OR CRI	EMATORY		22d. 1OCA	ION (City, lowe	, or county	)	(State	:)
,	REMOVAL (Specify)	Jan. 22	.195	a i	SS.Peter	- 80	Panl		Cum	herlan	d. Hd	_		
	FUNERAL DIRECTOR'S		,		DRESS			24a. RECT	BY REGIST		SISTRAR'S	SIGNATUR	E	
	James F.	. Scarpel	11,0	umb	erland, N	íd.		DATE	n + 4 4	1	I le	duc h		

EUREAU V.



00087

Reg. Dist. No.

		<del></del>							
1. PLACE OF DEATH o. COUNTY  Allegan	37	MARYLAN	- 11	o. STATE			ed If institution b. COUNTY		
b CITY OR TOWN (If outside co	1b	Haryland Allegany  c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest fown)							
RURAL ond give nearest town) Cumberland		Cumberland							
d NAME OF HOSPITAL (If not it	hospital, aive street	oddress)		d. STREET AL		· ·		1	e IS RESIDENCE
OR INSTITUTION	ratoga St	· ·		/		ratoga	C+		ON A FARM?
					TT 29		31.		YES NO
NAME OF DECEASED (Type or print)	SLATE:	R SPGNSEI	LLER	Last		4. DATE OF DEATH	Jan. 2	(Do	19 58
5. SEX   6. COLOR	OR RACE 7. MAR	RIED NEVER MARRIED	8. D	ATE OF BIRTH		9.	AGE (In years IF		IF UNDER 24 HRS
Male Whi	te wibow	ED DIVORCED		Feb. 1	8, 18	74	83 yrs.	Aonths Doys	Hours Min.
100. USUAL OCCUPATION (Give ke	nd of work done 10b.	KIND OF BUSINESS OR IF	NOUSTRY	11. BIRTHPL	CE (Stote o	or foreign count	ry)	12. CITIZEN O	F WHAT COUNTRY
Retired Superviso	r if retired)	& O R. R.				W. Va.	,	U. S	S. A.
13. FATHER'S NAME			1	4. MOTHER'S					
Stocton Spons	seller_			Juli	a Bri	dner			
15. WAS DECEASED EVER IN U. S.	ARMED FORCES? 16.	SOCIAL SECURITY NO.	17. INFO	RMANT			Addres		
No	7	05-05-9514	Mrs	Glady	s S.	Prooks,	211 Sar	atoga S	t.
18. CAUSE OF DEATH (Enter			Λ -			(	~ _	ONE	ERVAL BETWEEN SET AND DEATH
480.1 IMMEDIAT	E CAUSE (6) CE	REBRONASCI	VL A	12 4c	CIDE	NT (	EMBOLI	15)	mugling
	Conditions, if any, which) 101 MYOCARDIAL FIBROSIS LEFT VENTRICULAR I MONTH								
cosse (a), stating the under-	cose (a), stating the under DUE TO HYPERTROPHY								
PART II. OTHER SIGNIF		CONTRIBUTING TO DEATH						I IN PART I(o) 1	
-		RICULAR F						d11/26/	PERFORMED?
	OF DEATH XAMINER)	CRIBE HOW INJURY OCCU	JRRED. (E	inter noture of	injury in P	ort ( or Port 11 -	of item 1B.)		
20c. TIME OF INJURY Month, Hour o. m.	**		PLACE foctory	OF INJURY (F	lome, form, bidg., etc.)	20f. (City or	town)	(County)	(State)
Σ p. m.	19 of wo	Not while	·						
21. I certify that I atte	nded the deceas	sed fram_ i1_/2	-ls_	. 19 57	la_1	IAN:	2 195 5	that I last so	w the deceases
alive on	125	and that de	eath ac	curred at	10 40 6	2M, fram t	he causes an	d on the da	te stated abave
I A		•				ADDRESS (Street	, city or town, sto	ite)	DATE SIGNED
SIGNATURE SIGNATURE	w pur	-for-	M.D.	50	PEN	28 H12	16 57.	er der TIF (III) der Ven der eine der een den	1/4/50
PHYSICIAN'S Dr. Sa	muel M. J	acobson		CU	m 131	FRLI	9ND	man	YLAND
220. BURIAL, CREMATION, 22b. D.	ATE THEREOF	22c. NAME OF CEMETER	RY OR CE	REMATORY		22d LOCATION	N (City, town, or	county)	(State)
Burial Jan	.5,1958	Hillcrest H	Buria	1 Park		Cumbe	rland. I	d.	
23 FUNERAL DIRECTOR'S SIGNATU Charles L. Geor		ADDRESS orland, lid.		- 1	24a. REC'D	BY REGISTRAL	24b REGISTA	AR'S SIGNATUL	RE
1	Print the Control of	- a -a			- 1-17	T 175.75	9 9 9		

VS A15 (4) 15M 9/SS

BUNDAU V. S.

MESELVEL .

\*

15M 10/57

23. FUNERAL DIRECTOR'S SIGNATURE

Byron Kight

e. IS RESIDENCE

ON A FARMA

58

YES T NO F

10

12 CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

YES T NO IL

(Stote)

DATE SIGNED

(Stole)

U.S.A.

(County)

Reg. Dist. No.

ot Peter & Paul Cumbertend ADDRESS 24a. REC'D NY DEGISTRANT 24b EGISTRAR'S SIGNATURE Cumberland DATE

BUKEAU V. S.

JULI VILLE SING

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within 24

requires that

HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Z .V U. ..





00091 Rea. Dist. No.

e. IS RESIDENCE

IF UNDER 1 YEAR IF UNDER 24 HRS

USA

(County)

...that I last saw the deceased

(State)

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (State)

19

Months

ON A FARM?

YES NO

Vacar

1958

DATE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

VS A1S (4) John J. Hafer, Cumberland, Maryland

PUREAU ...

98 **CERTIFICATE OF DEATH** Rea. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) a. COUNTY b. COUNTY Allegany MARYLAND Marvland Allegany b. CITY OR TOWN (if outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest lawn) davs Frostburg Frostburg d. NAME OF HOSPITAL (If not in haspital, give street address) d STREET ADDRESS . IS RESIDENCE OR INSTITUTION 26 Washington Street YES NO diner's Hospita NAME OF Middle Day Year DECEASED TILLIANG 195 (Type or print) 9. AGE (In years last birthday) 5. SEX 6. COLOR O'R RACE 7. MARRIED NEVER MARRIED K 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months White 6th.1905 Female June WIDOWED | DIVORCED | To USUAL OCCUPATION (Give kind of work done tob KIND OF BUSINESS OR INDUSTRY II BIRTHPLACE (Stote or foreign country)

Typist — Clerk

Refract.corp

Maryland 12. CITIZEN OF WHAT COUNTRY? USA 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME Jane Price James Stewart 17 INFORMANT IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. Address John Stewart, 39 Water St., F'bg., Md. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Lolecystitis (Cholecyst been signed by I-transit permit. þ Conditions, if any, which gave rise to immediate **DUE TO** couse (o), stating the underlying couse last. -transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? 37 ranstusims YES I NO V burial 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part Lor Port II of item 18) 20g ACCIDENT WAS UNDERLYING IT OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20s. PLACE OF INJURY (Home, form, 20f. (City or town) 20d INJURY OCCURRED Day, Year (County) (Stote) factory, street, affice bldg., etc.) Hour o. m. Not while at work of work 19-5 that I last saw the deceased 21. I certify that I attended the deceased from and that death occurred at 8 08 PM, from the causes and an the date stated above ADDRESS (Street, city or fown, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220 SURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City town, or county) (Stote) REMOVAL (Specify) 2-1-1958 Md. bg.Memorial Park Frostburg 0 **ADDRESS** 23. FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR 24b\_REGISTRAR'S SIGNATURE DATE FEB 3 Frostburg. R. Durst

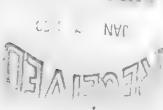
within 24 hours ofter

requires that

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

S.VUILLE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE EALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) for files. E COUNTY Allegany **b** COUNTY Allegany MARYLAND b. CITY OR TOWN 11f suiside corporate limits wire RuffA. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) rural KTond the Klondike-rural d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM R.F.D.#1 Frostburg . Md. Frostburg, Md. YES NO TH 4 DATE DOD DECEASED Clara Belle Sulser Jan. (Type or print) DEATH 19 6 COLOR OR RACE 7. MARRIED NEVER MARRIED TO 8 DATE OF BIRTH 9. AGE in years IF UNDER TYEAR IF UNDER 24 HRS white female Months Hours WIDOWED F DIVORCED [7] 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? age during most of working life, even if retired) Midland, Md. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Keafer Eva Barbar 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address III was now war or dates of service (dau-hter)Mrs.Eva Decker,Baltimore,Md. no 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN PART 1. DEATH WAS CAUSED BY Coronary occlusion sudden IMMEDIATE CAUSE (o) 420.1 DUE TO sclerosis Coronary Conditions, if any, which gove rise to immediate cause DUE TO (o), stoting the underlying Arteriosclerosis couse lost, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 19, WAS AUTOPS) PERFORMED? NO M 200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port II of Item 18.) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED | 20e PLACE OF INJURY [Home, form, 120f. (City or town) (Stote) (County) factory, street, office bldg., etc.) Not while ot work at wark 21. I certify that I taok charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion death resulted from: Natural causes \* Accident . Suicide . Hamicide . Undetermined manner ACTUAL Eming HI.D. **DATE SIGNED** CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER H.V.Deming M.D DEPUTY MEDICAL EXAMINER # Jan. 21-1958 NAME (Type) Sho Sho 270 BURIAL, CREMATION | 276 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Frostburg. Burial Memorial 0 ADDRESS. 23 FUNERAL DIRECTOR'S SIGNATURE 240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE LONACONING



UREAU V. 2



Ju. 8: NY:





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ARYLAND STATE DEPARTMENT	OF HEALTH-BALTIMORE, 18	
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00095

CERTIFICATE OF DEATH 69 Reg. Dist. No. 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) 1. PLACE OF DEATH a STATE a. COUNTY **b.** COUNTY MARYLAND Maryland Allegany Allegany c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Barton Cumberland 15 days d. NAME OF HOSPITAL (If not in hospitol, give street address)
OR INSTITUTION e, IS RESIDENCE d STREET ADDRESS ON A FARM? YES 🗍 NO 🔀 Sacred Heart Hospital 4. DATE NAME OF Middle Day Yeor First Month DECEASED OF DEATH 26 Charles Tribut Jan. 19 (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH SEX last birthday) Months Doys Hours 9/13/1881 Male White WIDOWED [7] DIVORCED [ y rs 100 USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of wishing Har even if retired) Maryland 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME August Tribut (deceased Christine deceased 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address pts. chart INTERVAL BETWEEN CAUSE OF DEATH [Enter only one couse per line for (o), (b), and o(c) ] ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which ] (b) gave rise to immediate DUE TO cause (a), stating the underlying couse last (c). PART IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19 WAS AUTOPSY CERTIFICATION PERFORMED? YES NO M 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of item 18.) 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, 20f, (City or town) (State) 20c. TIME OF INJURY Month. Day, Year 20d INJURY OCCURRED (County) factory, street, office bldg., etc.) Hour o. m. While Not while at work of wark 25. 21. I certify that I attended the deceased from 1-91958, to. 1958, that I last saw the deceased \_\_\_, and that death occurred at 2:25A M, from the causes and an the date stated above. ADDRESS (Street, city or town DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S S. Centre St., Cumberland, Md. C.Zimmerman. NAME (Type) 220. BURIAL, CREMATION, 220. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City fown, or county) (Slate) Juris 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR

VS A15 (4)



BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

VUENELINI NAL NAL MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

DATE NO

00097

e. IS RESIDENCE

Day

12. CITIZEN OF WHAT COUNTRY?

Flintstone, Md.

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO 17

> > (State)

DATE SIGNED

(Stote)

12

Davi

West Va.

(County)

ON A FARM?

YES NO R

Yeor

19 58

USA

Rea. Dist. No.

SON TIME

7			r W	MARY	LAND S	STATE DEPAR	MTS	NT OF HEAL	TH-BAL	TIMORE, 1	8		
4 22		5	r.F.N		71	CERTIF	ICA	TE OF DEA	TH		Reg. Dist. P	,000	98
age ectar	_	1.	PLACE OF DEATH					2. USUAL RESIDENCE	(Where deceased		n Residence b	efore admiss	iion)
dir		<u></u>		Allegany		MARYL		llar	yland	b. COUNTY		gany	
eral be			b. CITY OR TOWN RURAL and give	<ul> <li>(If outside corporate lim nearest town)</li> </ul>	ils, write	c. LENGTH OF STAY IN	11	c. CITY OR TOWN	(If outside corpo	rote limits, write R	JRAL and give	nearest tow	1)
fun fun suld		_	Cumber	land		95 Yrs.			erland				
ofte the	14		OR INSTITUT OF	PITAL (if not in hospital,	give street or	ddress)		d. STREET ADDRESS		2 .			FARM?
hours in by and 2				o. Centre S				108 So.		St.		YES	NO 🔼
			NAME OF DECEASED		rst	Middle		Lost	4 DATE OF	Mani	h		Yeor
within 24 tely fills: Pog:	1	5.	(Type or print)	SARAH	7	MARGARE  D NEVER MARRIED		TWIGG.	DEATH	Jan.	9 IF UNDER 1 YE		19 58
with etely	1	3.			WIDOWED		_		T 0 00	9. AGE (In years last birthdoy)	Months Day		Min.
mple pers.	-	100	Female	TION (Give kind of work			_	Dec. 15.	1862	95 yrs	112 CITIZEN	OF WHAT	COUNTRY?
Con			during most of w	orking life, even if refired	1)		1140031						COGNIKIZ
be ex n ond irbon ter de		13.	Housew FATHER'S NAME	116		Own Home		Rainsbu		na.	U.S	) e	
ne sign			Car1	Christian	Hotzol								
ifica Hysic nove ours		15.	WAS DECEASEDE	VER IN U. S ARMED FOR	RCES? 16. 50		17. IN	largar FORMANT	et Jame	Addr Addr	ess		
g p		[Ye	NO. or unknown)	(If yes, give war or dates of	service)	None	Mrs	s. Margueri	te Find	last Cim	berland	1.054	
ndin ease hin		-		EATH [Enter only one of	ouse per line				00 1 2210.	143 041	10	TERVAL BE	TWEEN
offe of with				EATH WAS CAUSED BY:	110	201181	10	Treus	esene.	! 	0	NSET AND	DEATH
the The	./		491	DUE TO			4.00					Marie I.	****
the lby	V	1	Conditions, if		o)								
gned Sern on o			gove rise to cause (o), statin	immediate {					***				
an. n sign		_	lying couse los	<u>+.</u>	-)(1								
ysici ysici bee tror		ĮŽ.	PART II. C	THER SIGNIFICANT CON		2	TH BUT N	NOT RELATED TO THE TE	RMINAL DISEASI	E CONDITION GIVE	EN IN PART 1(a	19 WAS PERFC	AUTOPSY PRMED?
The 3 ph has rial may	0	F A	00 100100.001			res-t	0	a-32-1				YES [	NO 🗹
ding ding ding ding ding ding ding ding		CERTIFICATION	OR CONTRIBUTIN	MAS UNDERLYING [] NG [] CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DESCI	RIBE HOW INJURY OC	CURRED	. (Enterproture of injury	in Parl I or Parl	I II of item 1B ]			
CIA otten rriffic ns. th		SAL	20c. TIME OF INJ		or 20d INI	JURY OCCURRED 2	On DIA	CE OF INJURY (Home, f	arm, 20f. (City				164 1 4
or or s		MEDIC	Hour a. w	1,	While	Not while	fact	ory, street, office bldg.,	elc.)	or rownj	(Coun	(Y)	(Stote)
G Paritial Library Control Con		12	p. m	1.	ot work		) +5	7.7	1 3	1- 10			
Afre sed in oil,				that I attended the	decease		1 200	-/_, 19.52.07, to	1 = 9	· ·	that I last		
TEN the OR:			alive an		7 9 7	$\angle$ , and that $c$	death	occurred at		n the causes a lreel, city or town, :		late state	ed above.
Z A D B C			ACTUAL	17 44. 7	1/3	Eleano	1	( )	elia-	Car D	2115	1	THE SIGNED
IL OR A) coined by L DIRECT yuld be d Ar prior b			SIGNATURE	6-7-7-0	/		N	i.D			- Correction		ودير
Telo Per Por			PHYSICIAN'S NAME (Type)	Wm. F. Wil	Lliams	M. D.		122 5	So. Cent	re St.			
S S S S S S S S S S S S S S S S S S S		220	BURIAL, CREMAT	ION, 22b. DATE THERE	OF	22c. NAME OF CEMET	ERY OR	CREMATORY	22d. LOCA1	TION (City, town, o	r county)	(Stat	e)
may by FUN poge			REMOVAL (Special	Jan. 12	1958	Rose Hi	11 C	emeterv		berland.	**	•	
= 5		23.	FUNERAL DIRECTO	OR'S SIGNATURE		ADDRESS		24a. R	EC'D BY REGIST		TRAR'S SIGNA	TU E	
VS A1S (4) 15M 9/55	1		Charles	L. George	Cumb	erland, Md.		DATE	JAN 1 3	'58 UU	Arau	A	

AND IS IN S. S. W. S. WALL

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2 USUAL RESIDENCE (Where deceased lived If institution. Residence before admission) c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) IS RESIDENCE ON A FARM? YES NO Year 19 58 IF UNDER 1 YEAR IF JNDER 24 HRS 12. CITIZEN OF WHAT COUNTRY? Bedford Rd, City INTERVAL BETWEEN ONSET AND DEATH

WAS AUTOPS RERFORMED?

that I last saw the deceased

and that death accurred at 1.369M, from the causes and on the date stated above. DATE SIGNED

Maryland

(Stole)

BUERAU K. S.

14 F 3 1 1 1 1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STAIR Rea. Dist. No. ALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) COUNTY Allegany b. COUNTY York MARYLAND C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest lown) York Cumberland D. O. A. d. NAME OF HOSPITAL OR INSTITUTION (f not in hospital, give street address) d. STREET ADDRESS 5 RESIDENCE ON A PARMS Memorial Hospital 1121 Centennial Road YES NO T 3. NAME OF DECEASED Middle 4. DATE OF DEATH Joseph Richard (Type or print) Wagman Jan. 19 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 38 DATE OF BIRTH 9. AGE ple years FUNDER TYPAR IF UNDER 24 HSS lost birthday! Months Hours male white WIDOWED T DIVORCED [ 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country)
Salesman-C. L. Parr Co. Dress Goods Dallastown.Pa. 12. CITIZEN OF WHAT COUNTRY? Dallastown, Pa. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Harry E. Wagman Helen Ball 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Yes-Navy Etzweiler Funeral Home, York, Pa. 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Intracranial hemorrhage sudden IMMEDIATE CAUSE (a) **DUE TO** Contusion of brain (auto accident) Canditions, if any, which) \*Lalso had -Cardiac hypertrophy gave rise to immediate cause Congenital polycystic kidney(bilateral) (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NALD ISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPS PERFORMED? NO T 200. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 206. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port (I of item 18) Auto ran off left side of road, hit bank, turned over. 20d. INJURY OCCURRED 200 PLACE OF INJURY (Home, form, NORTH How Tanch . 1981) 20c. TIME OF INJURY (State) factory, street, office bldg., etc.) 58 of work of work Highway Rt. 51 Cumberland Allegany Md. 21. I certify that I taak charge of the remains described above, held an Autopsy 📳, Inspection 🔣, Inquiry 🕸, opinian death resulted fram: Natural causes 🧻, Accident 🏋, Suicide 🗐, Hamicide 🗍, Undetermined manner 🗍 Frances M. DATE SIGNED CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER H.V.Deming M.D DEPUTY MEDICAL EXAMINER # Jan. 21-1958 NAME (Type) 220. BURIAL CREMATION, 1226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Sterio) Holy Saviour Cemetery York 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE Etzweiler Funeral Home, York, Pa. JAN 2 2 '58

BUTTAN "

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BECEIL

IS RESIDENCE

ON A FARM?

YES NO

Year

19 58

Min.

ALLEGANY

Day

12

Hours

U.S.A.

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO []

> > (State)

DATE SIGNED

(Stote)

12. CITIZEN OF WHAT COUNTRY?

Davi

(County)

Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY o. STATE the funeral dire should be filed **ALLEGANY** b. COUNTY MARYLAND MARYLAND c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give negres) town) 8 DAYS WESTERNPORT d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION MEMORIAL HOSPITAL 60 RT.#1, BOX MEMORIA WARWICK AVES NAME OF First Middle 4. DATE Cost DECEASED JANUARY (Type or print) JOHN ROBERT WATSON DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF SIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years lost birthday) Months 1883 JULY 29. DIVORCED | WIDOWED [7] papers MALE WHITE yrs. 10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) deoth. during most of working life, even if retired)
Coal Miner Coal Mining ENGLAND after 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME MARY ANN CALBERT DAVE WATSON 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO Address MEMORIAL HOSPITAL No 18. CAUSE OF DEATH [Enter only one cause per line, for (a), (b), and (c).] ā PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (of **DUE TO** QUA Conditions, if any, which gave rise to immediate DUE TO coese (a), stating the underlying couse last burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour a.m. While Not while at work 7. - 19 22 that I last saw the deceased 21. I certify that I attended the deceased from and that death accurred at 8:10A...M., fram the causes and an the date stated above. DIRECTOR: ADDRESS (Street, city or town, stote) **ACTUAL** SIGNATUR 0 REFERENCE NAME (Type) W. F.WILLIAMS FUNE 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 220 BURIAL, CREMATION, 22d. LOCATION (City, town, or county) REMOVAL (Specify) Burlal 1958 Philos Cemetery Westernport, Maryland Jan. 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D 8Y REGISTRAR -246. REGISTRAR'S SIGNATURE DATE AN 1 6 '58 E. S. Boal, Westernport, Maryland.

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VS A15 (4) 15M 9/55

S. V. CALLON

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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VS A15 (4) 15M 10/57

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

75 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) n COUNTY **b.** COUNTY MARYLAND Allegany b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) RURAL and give nearest town) 22 Cumberland Cumberland vears d. NAME OF HOSPITAL (If not in haspital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 427 Columbia Street YES 🗍 NO 🖬 427 Columbia Street NAME OF Middle 4. DATE Year OF (Type or print) DEATH ALTCE WHITACRE January 19.58 S. SEX 6. COLOR OR RACE 7 MARRIED T NEVER MARRIED T B. DATE OF RIPTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
lost birthday) Months Days Hours Min Months Dovs Hours WIDOWED I DIVORCED [ Female White July 10,1870 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) Housewife Own Home Levels. West Virginia USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Kenner Seaton Jane Kerns 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO 17 INFORMANT 427 Coffibbia Street | (If yes, give war or dates of service) No Mrs. Bessie Weimer Cumberland, Maryland None 18 CAUSE OF DEATH [Enter only one cause per line far (o), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate DUE TO couse (a), stoting the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO X 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or fown) (County) (State) Hour o, m factory, street, office bldg, etc.) While Not while of work at work p. m 1958, that I last saw the deceased 21. I certify that I attended the deceased from , and that death accurred at 5:17 P.M. fram the causes and an the date stated above. alive an ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Typo) 22a. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d LOCATION (City, Iown, or county) (Stote) REMOVAL (Specify) Burial Savage Meth. Cem. Savage, Maryland 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240 REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE John J. Hafer, Cumberland, Maryland

Z .V UAZNUG

DECEDVED

		***************************************	76	CERTIFIC	AT	E OF DEATH		IIIIOKL, I	Reg. Dist.		0104
1.	PLACE OF DEATH a. COUNTY Alleg	any		MARYLAND	2.	usual residence (who state Maryla	nd	d lived. If institution b. COUNTY			
	RURAL ond give no	Land		c. LENGTH OF STAY IN 16		c. CITY OR TOWN (IF or Cumb e	itside carpo		URAL and giv	re nearest	town)
	d. NAME OF HOSPIT. OR INSTITUTION 3 E.	ard St.	ive street	address)		d. STREET ADDRESS 3 E.	3rd (	St.			S RESIDENCE ON A FARM? ES NO 🐧
3	NAME OF DECEASED (Type or print)	GEORGE	¥Î	Middle ASHBY	WI	LLIAMS	4. DATE OF DEATH	Jan. 3	th >	Day	Yeor 19 58
	Male	6. COLOR OR RACE	WIDOWI		Aı	ate of Birth 1g.10,1889		9 AGE (In years last birthday) O yrs			UNDER 24 HRS.
	Ret. co	N (Give kind of work ing life, even if retired AI MINER	dane 10b.	KIND OF BUSINESS OR IND Mining	USTRY		v foreign o		12 CITIZ	US A	VHAT COUNTRY?
		J. Willi				Catherin		ltz			
15	NO O	R IN U. S. ARMED FOR If yes, give war or dates of	ervice)	social security no. 17. 36 14 4439		mant s. Bessie	Wil	liams (		rlar	na, Md.
		TH Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (c		ne for (a), (b), and (c)	æ	errio					AL BETWEEN AND DEATH
	Conditions, if a		1	Spen	if	Selen	var	نح د		8	-yrz
	gave rise to in casse (a), stating t lying cause lost.			Cu	~	Junia 5	ara	lyse	3_		
CERTIFICATION	PART II. OTH		DITIONS C	CONTRIBUTING TO DEATH BL	IT NÓI	RELATED TO THE TERMIN	IAL DISEAS	E CONDITION GIV	EN IN PART I	P	VAS AUTOPSY ERFORMED? S NO
		S UNDERLYING D CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUR							
MEDICAL	20c. TIME OF INJURY Have o. m. p. m.	/ Manth, Day, Ye	While of wor	Nat while	dary.	OF INJURY (Home, farm, street, affice bldg., etc.)	20f. (City	or town)	(Co	unty)	(State)
	21. I certify the	at I attended the	deceas		h ac	, 1957 to 1 curred at 3',3cl	M, fron				the deceased
	ACTUAL SIGNATURE	elay)	d	sund	_M.D.			Course Land			DATE SIGNED
	PHYSICIAN'S NAME (Type)				_				17.2		
	BUTTAL Specify	1/6/19		Sunset Lieu		EMATORY Lal Park	C ALL	berland	y Iv. C.		(State)
23	Byron K		Cum	berland, Md	•	DATE	BY REGIST	RAIS 346. REGIS	TRAR'S SIGN	1/	int.

MADVIAND STATE DEPARTMENT OF HEALTH DALTMACHE 10

3 1. 1

VS A1S (4) 1SM 9/55 77 CERTIFICATE OF DEAT

		11	CEKTIFI	CA	IE OF DEATH	1		Reg. Dist.	No.			
	PLACE OF DEATH a. COUNTY	Allegany	MARYLA	- 11	USUAL RESIDENCE (WE O. STATE Mary		lived. If institution b COUNTY		before admis	•		
	RURAL and give ne	f outside carporote limits, write sorest town)  9 rland	c. LENGTH OF STAY IN	lb	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Cumberland							
		Al (If not in hospital, give stree Allegany Cou		r	d. STREET ADDRESS	S. Med	chanic S	st.	e. IS RES	SIDENCE A FARM?		
	NAME OF DECEASED (Type or print)	Estell	#23 w		Willison	4. DATE OF DEATH	January	r	29,	Year 19 58		
	Female	6 COLOR OR RACE 7 MAI	VEX. DIVORCED	3	6/1/1870		87 yrs.		YEAR IF UND	ER 24 HRS. Min.		
100	USUAL OCCUPATION DURING MOST OF WORK HOUS OW:	ON (Give kind of work done 10th ung life, even if retired)	Own Home	<b>VDUST</b>	Cumberla:			12. CITIZE	S. A			
13.	FATHER'S NAME	Peter Morgar	t		14. MOTHER'S MAIDEN N		ord					
: {Ye	WAS DECEASED EVER	R IN U. S. ARMED FORCES? 16 (If yes, give war or dates of service)	s. social security No.	7. INF		ox 599	Address		erlan			
==		TH [Enter only one couse per TH WAS CAUSED BY: IMMEDIATE CAUSE (o)		u	onery Th	1 MDo	Trois		INTERVAL BE	ETWEEN		
	Conditions, if an	mmediate (	Throng	a	Thya	car	Elter			?		
	catse (a), stating to	the under- CC (c)	berele	Ed	l alte	ne o	relevo	000		>		
MEDICAL CERTIFICATION		IER SIGNIFICANT CONDITIONS SELECT	e Deker	BUTN	or related to the termi	INAL DISEASE	CONDITION GIVEN	I IN PART I		AUTOPSY ORMED?		
CERTIF	20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING (1) 206. DE CAUSE OF DEATH MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCU	JRRED.	(Enter nature of injury in I	Part ! or Part	II of item 18.)					
MEDICA	20c. TIME OF INJUR Hour a. m. p. m.	While		PLAC facto	E OF INJURY (Hame, form ry, street, affice bldg., etc	.) 20f. (City o	or town)	(Cau	nły)	(State)		
	21. I certify the alive on	at I attended the deced 29/58 19		57.		OM, Ifrom	et, city or town, sto	d on the	date state	decease ed above ATE SIGNEI		
	PHYSICIAN'S I	or. James E.	McLean	t—"'	Cumber				f = 82.d dju jek	*******		
220	BURIAL, CREMATION REMOVAL (Specify) BUTIAL	N, 226. DATE THEREOF Feb. 1,13	22c. NAME OF CEMETER 5F Oddfello		Cemetery		ntstone		(Stat	e)		
23.	James F	s signature . Scarpelli,	ADDRESS		24a. REC'	D BY REGISTR	AR 24b, REGISTS		ATURE			

A .V UATOHIK

MANAGETT .

Frostburg Mem. Park

Cumberland

Frostburg, Md.

240. REC'D BY REGISTRAR DATE JAN 2 2 158 246 REGISTRAR'S SIGNATURE

edu.

VS A15 (4 15M 9/55 REMOVAL (Specify)

23 FUNERAL DIRECTOR'S SIGNATURE

William H. Kight

Buria

death.

BUTTEN 1.

DECENDED.

VS A1S (4) 1SM 9/S5 0

		1	MARY	LAND	STATE	DEPAR	MT	ENT OF H	HEALTH	I-BAL	TIMORE,	18			
		•	10	1	C	ERTIF	ICA	ATE OF I	DEATH	1		Reg.	Dist. No	001	07
1.	PLACE OF DEATH							2. USUAL RESI	DENCE (Wh	ere deceque	d lived. If institu	ition: Resid	ience befo	re admiss	ion)
		legan				MARYLA			lid.			- A	Alle		
	b. CITY OR TOWN RURAL and give n Frostbi	learest town	orporole limi 	ts, write		of stay in	і 1ь		own () o stbur		prote limits, write	RURAL on	d give ne	prest fowr	1)
	d. NAME OF HOSPI	TAL (If not i	n haspital, g	ive street		0 (12 0		.d. STREET		<u></u>				e. IS RES	IDENCE
	OR INSTITUTION							146	W. 1.		Frostb	arg,I	ild.	ON A	NO 🔼
	NAME OF DECEASED		Fir	'si'		Middle		Lo	st	4. DATE	М	onth	Do		Year
	(Type or print)	Milt		,				ngerma	n	OF DEATH		1	2	8	19 58
\$.	SEX	6. COLOI		7. MAR	RIED NEVI	ER MARRIED		8. DATE OF BIRT	Н		9. AGE (in year lost birthday	IF UND	ER I YEAR		
	M		W	WIDOW	Lauf	DIVORCED	_	Aug.24			1/2 y	1. ]		Hours	Min.
_	. USUAL OCCUPAT	TUNC life, ev	en it rebred	) 1				_			ountry)	12. 0			COUNTRY?
	tired P	olice	man	1	<u>olice</u>	Serv	/ic		stbur				U.	S.A.	•
13.	FATHER'S NAME	7.5						14. MOTHER'S							
	Justus WAS DECEASED EVI								abe th	1 Bro					
(Ye	, no or unknown		or or dates of s		. SOCIAL SECI	JRITY NO.		IFORMANT						-	g,IId.
_	No		ne				lar	s. Mil	ton Y	oung	erman,	146 V	N . 151	ain,	)
)	Conditions, if a gove rise to it cotts (a), stating	ATH WAS C IMMEDIAT ony, which immediate the under-	AUSED 8Y: TE CAUSE (o DUE TO	)	me for (o), (b)	ond (c).	Cle	dial.	m	uff	iria	ec es	ONS	ERVAL BE	TWEEN DEATH
CERTIFICATION		HER SIGNIF			CONTRIBUTION	IG TO DEAT	H BUT	NOT RELATED TO	O THE TERMI	NAL DISEASI	E CONDITION G	IVEN IN PA	ART 1(o) 1	PERFO	AUTOPSY RMED?
	20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLY CAUSE MEDICAL E	(ING [] OF DEATH XAMINER)	206. DES	CRIBE HOW I	NJURY OCC	URRED	). (Enter noture o	of injury in P	ort 1 or Port	t II of item 18.)				
MEDICAL	20c. TIME OF INJUI Hour e. m. p. m.	RY Month,	Day, Yes	White	NJURY OCCU Not wh rk of work	île	De. PLA foc	CE OF INJURY I	Home, form, e bldg., etc.	20f. (City	or town)		(County)		(Stote)
	21. I certify the color of the	nat latte n2 WC	nded the	decease 182	173 1	and that d	eath	accurred at	9184	AM, fram DORESS (SI	the causes treet, city on town	and on			deceased above. TE SIGNED
220	BURIAL, CREMATIC	N, 226. D	ATE THEREO	F	22c. NAME	OF CEMETE	RY OR	CREMATORY		22d. LOCAT	ION (City, town	or county	1	(Stote	)
	Burial	1-	31-58	3	Frost	burg	11-0	morial	Park	Fro	stburg			414	l.
23.	FUNERAL DIRECTOR	'S SIGNATU	RE HO	fo m	Funer	SS TITE	~ ~ ~			BY REGIST		ISTRAR'S S	IGNATU		-
3	H. Moriles	ant	23	fer	Main Main	Errost	pine	bM pg	DATE F	E0 3	'58	1	1	/	

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PECEIVED SO 1958
BUREAU V. S.

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BIT TO TO STADIL THE STATE OF DE DE CONTROL

in by the funeral director, and 2 should be filed with

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

may be retained by the hospital or altending physician.

TO FUNGAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filly page
and be detached for use as the buriol-transit permit. Then please remove carbon papers. Page the registrar prior to buriol, cremation, ar removal, and in any event within 72 hours ofter death.

VS A15 (4) 15M 10/57

	1	9	CERTIF	ICA	TIE OF DEAL	In		Reg. Di	it. No.		
1. PLACE OF DEATH  o. COUNTY  ALLEGNAY			MARYLA	CHU	2. USUAL RESIDENCE (VO. STATE MARYLA)	-	ed lived. If institution b. COUNTY		ce befor		ion)
RURAL and give n	If outside corporate limits earest town)	, write	E. LENGTH OF STAY IN	116	c. CITY OR TOWN (I	If outside corp	prote limits, write Ri	URAL and	give nea	rest town	1)
CUMBERLA			31 DAYS		O CUMBERLA	MD					
OR INSTITUTION MEMOR I A	TAL (If not in hospital, gir L HOSPITAL		BERLAND MD		d. STREET ADDRESS	AND STR	REET				FARM?
3. NAME OF DECEASED (Type or print)	First <b>JO</b> HN		FREDER IC	K	ZIMMERMAN S	4. DATE OF DEATH	JANU/		25	,	Yeor 1958
S. SEX		7. MARRIE	DIVORCED	_	B. DATE OF BIRTH	890	9. AGE (In years last birthdoy)	Months	Days	Hours	Min.
100. USUAL OCCUPATION	ON (Give kind af work di king life, even if retired)	one 10b. K	IND OF BUSINESS OR	INDUS	PENNS	ote or foreign of	country)				COUNTRY
13. FATHER'S NAME			0		14. MOTHER'S MAIDEN	NAME					
RICH					ELLEN GE	RIFFITH	1				
(Yes. op. or unknown)	ER IN U. S. ARMED FORCE	(ES?   16. Si	OCIAL SECURITY NO.		MEMORIAL HOS	SPITAL	CUMBERI		MD.		
1 /	ATH [Enter only one cou	se per line	for (a), (b), and (c).]				<del>```</del>		INTE	RVAL BE	TWEEN
PART I. DE/	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o),	M	vocardial 1	Fai	lure				31	day	
420,1	DUE TO										
Conditions, if a		My	ocardial F	ibr	osis						
couse (a), stating		-			1						
lying couse lost.	(c).		ronary Art			Dealbrea Dict at	COMPINED ON	FA 1 40 1 10 A 10	1 12	D 14686	AUTORCY
1 2					NOT RELATED TO THE TER				1 (0)	PERFO	RMED?
20g ACCIDENT W	AS UNDERLYING	CTUSI	ons and at	Lac	ts, left ver	ntricul	ar failu	70		YES 5	ио 🗆
OR CONTRIBUTING	MEDICAL EXAMINER)		ine from trooks occ	ONNEL	r. trines trainers as regary						
20c. TIME OF INJUR Hour o. m. p. m.		20d. INJ White of work	URY OCCURRED 20	0e. FLA fac	CE OF INJURY (Home, follow, street, affice bldg.,	orm, 20f. (Cit	y or town)	(C	County)		(State)
	at Lattended the			16	, 19 48, to i	January	25. 16958	that I	lost so	nu the	docoore
alive on Ja	nuary 25	, 19			occurred at 3:00						
	X						itreet, city or town,				ATE SIGNED
SIGNATURE	lamede	Mer	16	1	A.D. 50 P.	ershing	Street			1/3	27/58
PHYSICIAN'S NAME (Type)	DR. S. M. J	ACOBS	ON		Cumber	landl	faryland_				
220. BURIAL, CREMATIC REMOVAL (Specify)	N. 226. DATE THEREOF	8	Milleres	ERY OF			TION (City, lown, o	m county)	Q	(Stot	e)
23. FUNERAL DIRECTOR	'S SIGNATURE	0	ADDRESS	1	100 C 240. RE	C'D BY REGIS		TRAR'S SIG	SNATUR	F	
of mus	Illen !	Ina	· Crunt	1-	MI DATE	JAN 3 1	'58 (66	Aca	uch		

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